



North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1955



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INTRODUCTION.

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have pleasure in submitting my report for the year 1955 on the work of the health department of the County Council in so far as it affects the Health Committee under the present scheme ; the duties of this Committee are set out in full in the Members' Year Book, together with the membership of the Committee and its various sub-committees, functional and geographical. The tables at the end of the text of the report are compiled in accordance with the relevant central government circulars ; the commentary is made on the lines suggested by the Ministry of Health.

The report for 1954 contained some 34 pages of information regarding improvements in water supplies, sewerage arrangements, and other sanitary circumstances. This material has not been reprinted on this occasion but the work of supervision, assistance and improvement still continues. Any member who wishes to enquire about the progress of a particular scheme, especially if changes have been made in it since its inception, need only ask and the latest information will be made available without delay.

A perusal of Table 9 at the end of the report will show many interesting facts, *e.g.* diphtheria did not cause a single death in 1955 (as compared with 13 in 1936) but the number of fatal cases of cancer in the aggregate exceeded 700. Seventeen persons died as the result of acute influenza but diseases of the heart and circulation caused more than 2,500 deaths ; 5 deaths were ascribed to mishaps of pregnancy and childbirth whereas 44 were due to prostatic disease or malignancy.

As regards tuberculosis, the death rate has materially declined over the last few years : in 1955, 35 North Riding residents died of pulmonary tuberculosis as compared with 39 in the preceding year and 146 in 1936. Treatment by new drugs, without the necessity of long periods of sanatorium treatment, has altered the whole picture of the mortality from tuberculosis and the duration of incapacity. Notifications have also recently fallen ; the totals of notified cases of tuberculosis of all forms were 193 in 1955, 233 in 1954, and 266 in 1953. Pulmonary tuberculosis is now, if one may

generalise, affecting older persons than it did 20 years ago ; fewer new cases occur, but the patient's span of life is usually longer and he moves about more freely in the community. Precautions taken to eliminate infective cases from the staff of children's homes, nursing and medical services and the school meals service by routine x-ray examination should have their counterpart in the systematic examination and re-examination of all school teachers, and all contacts of proved cases ; if the parents and classmates of an infected child are free from infection, the source may well be a grandmother or teacher. One cannot compel parents or grandparents or teachers to attend for an x-ray film any more than one can deal with verminous persons who refuse to submit to examination, and in this sense English law is very weak as compared with that of two Dominions where freedom of speech and action is proverbial. In both Australia and Canada, health officers have extensive powers to deal with persons who refuse to submit to examination when suspected of tuberculosis : in addition these Dominions have effective immigration regulations (which we lack) prohibiting entry of tuberculous persons. Up to the present there has been no influx into the Riding of persons from abroad, though there are a few coloured families on Tees-side.

In conclusion I wish to thank the members of the Health Committee for their generous support and my colleagues in other departments for their help and co-operation. The staff of the health department at County Hall, in the local clinics and in area offices, both medical and lay, have given loyal assistance ; without their help the compilation of this report and execution of much routine work would not have been possible.

I remain,

Mr. Chairman, My Lord, Ladies and Gentlemen,

J. A. FRASER,
County Medical Officer.

County Hall,
Northallerton,
January, 1957.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1955.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT (at 31/12/55).

County Medical Officer of Health	..	J. A. Fraser, M.B., Ch.B., D.P.H.
Deputy County Medical Officer of Health	..	A. D. C. S. Cameron, M.B., Ch.B., D.P.H. (left 11-9-55) J. T. A. George, M.D., Ch.B., D.P.H. (from 1-11-55.)
Medical Officer for Maternity and Child Welfare	}	Marjorie J. M. Dow, M.B., Ch.B., D.P.H.
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit	}	Margaret C. Barnet, M.B., Ch.B. (left 15-9-55.)
Chief Dental Officer	..	.. S. Craven, L.D.S. (died 12-7-55.) I. J. Faulds, L.D.S., (from 1-1-56).
District Medical Officers of Health	..	See Table on pages 7 and 8.
Chest Physicians	..	.. V. Ryan, M.D., B.A.O., D.P.H. G. Walker, M.B., M.R.C.P. (E). D.P.H. R. B. N. Wilsdon, M.D., M.R.C.P., S. P. Wilson, M.D., M.Sc., D.P.H. Kathleen M. Barran, M.B., W. Davidson, M.B.E., M.B., D.P.H. D. P. Degenhardt, M.D., M.R.C.P.
(All part-time, in direct contract with Leeds or Newcastle-upon-Tyne Regional Hospital Boards)		
Superintendent Nursing Officer	..	Frances S. Leader, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	Lilian Mann, S.R.N., S.C.M., H.V.CERT.
Chief County Health Inspector	..	G. D. Aspin, C.S.I.B., A.F.S. (E).
County Health Inspectors	..	.. D. Nurse, M.R.S.I., from 1-2-55. R. Wharin, M.S.I.A.
Chief Clerk	..	.. H. A. Roebuck, D.P.A.
County Ambulance Officer	..	.. J. Bedford, A.M.I.M.I.
Senior Sectional Clerks	..	.. T. A. Hutchinson Margaret Blair, D.P.A. A. R. Elliott W. E. Lloyd C. Rutherford

Area and estimated mid-1955 Population	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby (41 990)	Thornaby Borough Stokesley R.D. . .	J. McGovern, M.B., Ch.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees. to 3-11-54.	J. McGovern,
Eston . . (34,200)	Eston U.D. . .	J. A. Dunlop, M.B. Ch.B., D.P.H., Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar . . (36,750)	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., Ch.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson.
Guis- borough (29,820)	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Area Health Office, Brotton transferred to Park Lane, Guisborough (5-5-56)	W. H. Butcher.
Whitby . . (23,340)	Whitby U.D. . . Whitby R.D. . .	B. Schroeder, M.B., Ch.B. D.P.H. Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale . . (29,250)	Malton U.D. Malton R.D. Pickering U.D. . . Pickering R.D. . . Helmsley R.D. . . Kirbymoorside R.D.	W. R. M. Couper, M.B., Ch.B., D.P.H., Area Health Office, Train Lane, Pickering	W. R. M. Couper
Bulmer . . (51,440)	Easingwold R.D. Flaxton R.D. . . Wath R.D. . . Thirsk R.D. . .	H. Gray, M.D., Ch.B., D.P.H. Area Health Office, Manor Road, Easingwold	H. Gray *W. G. MacArthur, M.B., 144 Front Street, Sowerby, Thirsk.

Area and estimated mid 1955 population	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Wensley- dale (34,240)	Northallerton U.D. Northallerton R.D. Aysgarth R.D. Leyburn R.D. Masham R.D.	J. L. Cotton, M.B., Ch.B., D.P.H., Area Health Office, Leyburn	J. L. Cotton
	Bedale R.D. ..		*A. W. Hansell, M.B., Woodrow, Bedale
Richmond (44,960)	Richmond Borough Richmond R.D. Croft R.D. Startforth R.D.	F. W. Gavin, M.D., Ch.B., D.P.H., Area Health Office, Quaker Lane, Richmond	F. W. Gavin
	Reeth R.D. ..		*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond
Scar- borough (58,010)	Scarborough Borough Scalby U.D. Scarborough R.D.	W. G. Evans, M.B., B.Chir., D.P.H., Area Health Office, King Street, Scarborough	W. G. Evans (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., Ch.B., D.P.H., Deputy M.O.H., Borough of Scarborough

* The above officers were not debarred by their terms of appointment from private medical practice.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	1,354,657
Number of separate private dwellings occupied (Census 1951) ..	99,836
Number of private households (1951)	102,704
Average number of persons per house (1951)	3.37
Population (Census 1931)	
Urban Districts 182,279 }	
Rural Districts 148,822 }	331,101
Population (Census 1951)	
Urban Districts 204,416 }	
Rural Districts 173,793 }	378,209
Population (estimated to mid year 1955)	
Urban Districts 206,700 }	
Rural Districts 177,300 }	384,000
Rateable Value (1st April, 1956)	£4,052,289
Estimated product of a penny rate	£16,147

Area.

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,657. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding: north of York too, there are heavily populated parishes in the Flaxton Rural District.

The administrative county includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham; the eastern boundary is the seaboard; on its southern boundary the Riding abuts on the East and West Ridings and the City of York; on its western side is the Pennine Chain and the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

Population.

The population as estimated by the Registrar General at mid-year 1955 is set out in the table below ; the population for the years 1931, 1938, 1951, 1952, 1953 and 1954 are also shown for comparative purposes :—

Year.	Urban Population.	Rural Population	Total
1931	.. 182,279	148,822	331,101
1938	.. 186,000	147,500	333,500
1951	.. 203,100	175,900	379,000
1952	.. 201,900	176,100	378,000
1953	.. 204,940	173,260	378,200
1954	.. 205,800	175,700	381,500
1955	.. 206,700	177,300	384,000

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining, the manufacture of steel and heavy chemicals : the latter industry is being rapidly developed. On the seaboard there are many holiday resorts ; and in the rural districts agriculture and allied industries provide employment for many.

Extracts from Vital Statistics of the Year.

		Total	M	F	
Live Births	{ Legitimate	5,729	2,957	2,772	} Birth rate per 1,000 of the estimated home population 15·6
	{ Illegitimate	259	123	136	
Still births	..	153	80	73	Rate per 1,000 total (live and still) births 24·91.
Deaths	..	4,373	2,256	2,117	Death rate per 1,000 of the estimated home population 11·4.
					Rate per 1,000 total (live and still) births
Deaths from pregnancy, childbirth, abortion	..	5			·81
Death rate of infants under 1 year of age :					
All infants per 1,000 live births	..				27·7
Legitimate infants per 1,000 legitimate live births					28·5
Illegitimate infants per 1,000 illegitimate live births					11·6
Deaths from measles (all ages)	..			1	
Deaths from whooping cough (all ages)	..			2	

Live Births and Birth Rates.

During the year ended 31st December, 1955, the live births registered in and belonging to the Riding numbered 5,988 (102 births less than the previous year, a decrease of 1·7%.)

The birth rate for the Riding as a whole was 15·6 (per 1,000 estimated population), being higher than the rate for England and Wales—15·0.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to this report.

Illegitimacy.

The number of illegitimate live births registered during the year was 259 (7 less than in 1954) ; the position shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of population the illegitimate birth rate was .67 compared with .67 in 1953 and .70 in 1954, the rate per 1,000 live births being 43.25 as compared with 41.47 in 1953 and 43.68 in 1954.

Stillbirths.

The number of stillbirths registered in 1955 was 153 (an increase of 6 on the previous year). Further analysis of these figures into sexes indicates that there were 80 male and 73 female stillbirths. The rate per 1,000 total births was 24.91 in 1955 ; this rate compares with 21.25 for 1953 and 23.57 in 1954.

Deaths and Death Rates.

During 1955 the total number of deaths registered for the Riding was 4,373 (2,256 males and 2,117 females). The total figure gives an annual death rate of 11.4 in 1955 (per 1,000 estimated population), which is slightly lower than the figure (11.5) for the previous year ; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1955, were as follows :—

		Death Rates.						
		1949	1950	1951	1952	1953	1954	1955
North Riding :								
Urban Districts	..	13.1	13.0	13.8	12.3	12.2	12.1	12.2
Rural Districts	..	12.0	10.8	11.3	9.9	10.3	10.7	10.4
Administrative County	..	12.6	12.0	12.6	11.2	11.3	11.5	11.4
England and Wales	..	11.7	11.6	12.5	11.3	11.4	11.3	11.7

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of this report.

Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 at the end of this report.

The principal causes of death in the County during 1955 were as follows, the figures for 1953 and 1954 being also given.

	1953	1954	1955
Influenza	30	28	17
Heart diseases	1,530	1,631	1,670
Other circulatory diseases	168	211	164
Bronchitis	140	141	151
Pneumonia	158	135	121
Congenital Malformations	27	35	38
Tuberculosis of the respiratory system	42	39	35
Tuberculosis (other forms)	17	11	8
Cancer, malignant disease	696	674	723
Vascular lesions of nervous system	635	632	675
Nephritis and nephrosis	46	56	40

The position in the various sanitary districts is set out fully in Tables 4, 5, 6, 8 and 9. Whereas in 1938, 11 deaths were ascribed to diphtheria, one was allocated to this cause in the years 1948 and 1949, 2 in 1953 and none in the years 1950, 1951, 1952, 1954 and 1955.

Cancer, Malignant Disease.

Cancer was responsible for 723 deaths in the Riding in 1955 and the following tabular statement shows the position for the last ten years :—

DEATHS AND DEATH RATES FROM CANCER.							
Total Number of Deaths.				Death rate per 1,000 population.			
Year.	County.	Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales.
1946	.. 581	357	224	1.75	1.89	1.57	1.84
1947	.. 586	340	246	1.73	1.76	1.69	1.85
1948	.. 624	373	251	1.77	1.86	1.65	1.86
1949	.. 633	390	243	1.79	1.93	1.61	1.87
1950	.. 626	352	274	1.66	1.72	1.59	1.89
1951	.. 646	403	243	1.70	1.98	1.38	1.96
1952	.. 700	431	269	1.85	2.13	1.53	1.99
1953	.. 696	442	254	1.84	2.16	1.47	1.99
1954	.. 674	401	273	1.77	1.95	1.55	2.04
1955	.. 723	435	288	1.88	2.10	1.62	2.06

Infantile Mortality.

There was a decrease in the number of deaths of infants under 1 year, the total number for the year under review being 166, a decrease of 2 compared with the previous year. The infantile mortality rate of 27.7 compares with 27.6 for the previous year and 24.9 for England and Wales.

The following table shows the infant mortality rates for the last 10 years.

Year	Urban Districts.	Rural Districts.	Administrative County.	England & Wales
1946	.. 40.1	31.5	36.5	43.0
1947	.. 46.2	42.3	41.6	41.0
1948	.. 38.8	37.2	38.1	34.0
1949	.. 41.7	36.1	39.3	32.0
1950	.. 36.0	34.2	35.2	29.8
1951	.. 38.5	27.3	33.7	29.6
1952	.. 24.3	30.1	26.9	27.6
1953	.. 33.0	26.8	30.2	26.8
1954	.. 32.5	20.9	27.6	25.5
1955	.. 28.0	27.4	27.7	24.9

The main causes of deaths among children under one year of age were as follows :—

	1955
Congenital malformations	.. 25
Pneumonia	.. 24
Bronchitis	.. 3

Measles.

During 1955 there were 4,067 notified cases of measles ; this figure excludes all cases of Rubella. Only one death was ascribed in 1955 to this disease ; for the last ten years the number of measles deaths totals 28. This seems to indicate that the treatment of the complications of measles is now much more effective than it was in the years before 1939 (14 in 1937, 18 in 1936, 72 in 1934).

Whooping Cough.

The total number of notified whooping cough cases in the Riding was 481 and 2 deaths were registered as being due to this condition. The morbidity following whooping cough is not known, but one comes across cases ranging from secondary effects of brain haemorrhage to bronchiectasis, which seem to be due to a severe attack of pertussis. This incidence of serious complications should stimulate parents to accept whooping cough vaccination as useful protection against this unpleasant disease.

Infantile Paralysis.

There were 31 notifications of acute poliomyelitis (paralytic and non-paralytic) or of acute encephalitis during the year under review, with one death, as compared with 29 notifications and 2 deaths in 1954. It will be recalled that the responsibility for the treatment of paralytic conditions following this type of virus infection lies with the regional hospital boards, but notification secures active enquiries into the sanitary conditions, particularly the disposal of excreta and refuse, nuisance from flies or from cesspits.

Administration.

The local health services have been administered as in previous years ; the report of the county medical officer for 1954 set out in detail the powers and duties and methods of administration and it is not proposed to repeat them this year.

Co-ordination and Co-operation with other authorities and other parts of the National Health Service.

(a) WITH OTHER AUTHORITIES.

Arrangements exist whereby the North Riding defectives have attended occupation centres in Darlington, Middlesbrough and York. North Riding residents attend an infant welfare centre just outside the City boundary on an estate owned by the York City Council and jointly staffed by officers of the two authorities, and North Riding women and children attend clinics in Darlington County Borough, Durham County, and the West Riding of Yorkshire ; the appropriate financial adjustments are made.

There is close operational working between the ambulance services of the neighbouring local health authorities, particularly when mutual aid is required as in the case of railway accidents and in other times of emergency.

(b) WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

The first point worthy of mention is that there is a small common membership of the County Council and of the Regional Hospital Boards and Hospital Management Committees ; it is regretted in this connection that the number of North Riding members on the Committees of the Tees-side groups of hospitals is minimal. This is unfortunate having regard to the fact that the population in the North Riding within easy reach of Middlesbrough is equal to that of the County Borough itself.

As regards the medical services, the County Medical Officer is a member of the Local Medical Committee appointed under the National Health Service Act and in addition he meets officers of the Regional Hospital Boards quarterly and more frequently if necessary. It is in this field that the only real deterioration of the service has taken place ; before 5th July 1948, all hospital secretaries who desired payment for school children under the provisions of the Education Act, 1944, sent to the school medical officer a list of admissions and discharges of children. This list was of great value to the school health staff and to the enquiry officers of the Authority ; medical practitioners were not troubled regarding certification of these children. Now it is exceptional, save in the case of the infectious disease units, to receive any information at all regarding children.

The assistant county medical officers in the eastern part of the Riding are co-operating fully in a scheme for the selection of chronic sick persons for admission to the appropriate wards in the Scarborough and Bridlington group of hospitals ; in some areas, too, the local medical officer and his staff of health visitors and midwives play an active part in the selection of maternity cases for admission to the two units on social grounds. The position in other parts of the Riding, where it is not always the most needy cases who are admitted to the maternity units, has shown some improvement during the last two years.

The health visitors of the Riding co-operate with the chest physicians in preparing reports on the home circumstances of cases referred to them and in certain areas a closer link exists as the health visitors attend at dispensary sessions. Where practicable, one nurse undertakes all the home visiting for tuberculous persons in an area : otherwise the ordinary (general duty) health visitors do the necessary visitation. The midwives and nurses employed by the County Council co-operate fully with practitioners and receive instructions about treatment from the doctors in charge of the patients although for purpose of discipline and administration, they are under the control of the area medical officers.

At Saltburn, the Regional Hospital Board's consultants hold weekly an ante-natal clinic in a new county multipurpose clinic opened in October, 1952. No charge is made to the Hospital Management Committee for this service as County Council patients may also attend the same clinic though they are not applying for admission to the local maternity unit.

Publicity.

A comprehensive calendar has been prepared showing the clinic service available in each of the ten administrative areas ; this is printed and circulated to all general medical practitioners as well as to members of the

County Council's medical and nursing staffs, head teachers and other interested parties. No guide to the local health service available for distribution to the general public has been prepared because of the difficulties peculiar to a large area with very varied services provided on the one hand by the County Council and on the other hand by the two Regional Hospital Boards, but the medical and nursing staff of the County Council is encouraged to give every help to persons desiring to avail themselves of the general health service. In the case of ambulances, of course, there is no need to publicise the service ; the problem of the administrator is to prevent abuse !

Joint use of Staff.

In certain areas of the Riding medical men in general practice undertake sessional work for the authority at 32 infant welfare centres ; in addition, several married women practitioners act as medical officers to centres on the same financial basis. At present there is no formal scheme for the employment of medical or other staff employed by the authority to work part-time in the hospital service but the chest physicians of the Regional Boards do have functions in relation to prevention of illness, care and after-care. It is interesting to note that the Education Committee has agreed to one of the school medical officers undertaking a weekly session in an ear, nose and throat department ; this arrangement is intended to accelerate the examination of children found to be hard of hearing or to have impaired hearing at the surveys held in schools by the audiometric nurse.

For some years an ear, nose and throat specialist attended at intervals at one of the County Council's clinics on Tees-side to deal with cases of discharging ears which do not react to treatment from practitioners or at school clinics. During 1954 this consultant retired and a senior registrar specialising in otology has attended weekly at school clinics in four towns in the Cleveland area particularly to follow-up children who have been found to have defective hearing at routine audiometric examination in schools.

In certain areas consultants do not send carbon copies of letters regarding sick school children who require after-care to the principal school medical officer ; this information was regularly received before the appointed day under the National Health Service Act because local education authorities were then paying for the treatment of school children in hospital. From time to time letters are received from family practitioners calling attention to delay in the treatment of children who have been referred to hospitals for conditions which, though medically non-urgent, are important from an educational point of view : good results have been obtained by subsequent correspondence. The regional hospital boards have continued to supply specialist services without charge in connection with psychiatry, mental deficiency, refraction work, as well as for ear, nose and throat conditions ; in the special sphere of crippled children the pre-1948 arrangements still apply whereby Mr. Crockatt and Dr. Adamson of the Adela Shaw Orthopaedic Hospital attend special clinics held in numerous places throughout the Riding. Family practitioners, as well as school medical officers, refer children to these clinics ; the Education Committee has provided two specially trained orthopaedic after-care sisters to attend at these clinics, to hold separate sessions between the orthopaedic surgeon's visits,

to renew plasters, adjust splints and supervise the after-care of children suffering from crippling defects by visits to the homes and schools. In this way there is a constant link between the school, the school health service and the home of the patient with immediate access to a special hospital when conditions require admission. The County Council, as local education authority, has provided a special school for physically handicapped pupils at Welburn Hall, near Kirbymoorside, and the orthopaedic surgeons named above give fortnightly sessions at this school without charge to the authority. Children are regularly admitted to this unit from authorities in Northern England; recently cases have also been accepted from Southern Counties and Wales.

Use of voluntary organisations.

In general, the local health authority uses voluntary organisations where such bodies can do the work satisfactorily and with less formality than officers of the Council; for example, for the care of the unmarried mothers and the adoption of children, the County Council makes grants to various Diocesan bodies who provide after-care workers and make arrangements in connection with admissions to hostels and allied matters. The charges for the use of the hostels are now generally made on a customer basis. The County Council has also used the Scarborough Council for Social Service in connection with tuberculosis after-care and has had contractual arrangements with the St. John Ambulance Brigade for the provision of ambulance services.

CARE OF MOTHERS AND BABIES.

A circular was issued by the Ministry of Health early in 1953 drawing attention to the need for continuity in the care of mothers and babies and indicated some of the necessary measures of co-operation between hospital authorities, local health authorities and general practitioners. The Ministry indicated that the major responsibility in this matter rests with the local health authority; the duties of the latter under the National Health Service Act, 1946, imply a continuity of care by the local health authority from the first confirmation of pregnancy until the attainment by the child of the age of five years or its earlier attendance at a primary school. Unfortunately there is (within the present framework) no practical measure by which the local health authority's staff can secure effective co-ordination. Three pre-requisites to co-ordination are necessary: (1) either notification of pregnancy, *or* the immediate passing of information regarding booking at maternity hospitals to the local midwife (2) changing the terms of the present maternity medical services provided under Part IV of the National Health Service Act and (3) the imposition of a statutory duty on each midwife, whether practicing privately or not, to ensure that each pregnant woman gets the necessary ante-natal care, either by referring the patient to a hospital clinic or to a local authority clinic or by calling in a general practitioner under the Rules of the Central Midwives Board. The greatest danger to patients, as far as one can judge, arises in those cases where they will not or cannot attend for the necessary examinations or if they do so, fail to carry out medical advice. The added costs of any scheme of notification of pregnancy and routine follow-up by midwives would be small; there will

probably be some additional expenditure on home helps but on the other hand hospital costs would be cut and the lives of many women who do not appreciate the hazards of unsupervised pregnancy would be saved. Some hospitals have medical staff who are much more helpful than others in sending copies of relevant letters which indicate the need for special nursing procedures, after-care, or special educational treatment. Unfortunately few hospitals have adopted the standard form of triplicate discharge report which was designed in Leeds by a group of medical officers, consultants, and a panel of general practitioners. Many practitioners complain of lack of news regarding discharge of patients and the use of this form by housemen on discharge would help tremendously in the after-care and after-treatment of patients.

At 91 places in the Riding, child welfare sessions are held as compared with 91 in 1954 and 55 in 1947. In 24 out of the 91 centres, ante-natal patients are also examined. The total number of attendances at infant welfare centres remains relatively stationary, the total attendances at infant welfare centres in the administrative county in 1955 being 61,391 as compared with 60,586 in 1954. As regards the care of premature infants, provision has been made for the loan of certain equipment and two nurses have been given a special course of training in the care of these infants.

One new centre was opened during the year at the Literary Institute, Skinningrove and one ceased to function at Hovingham owing to decreased attendances.

The average annual attendance per county administered centre is 675 compared with 666 in the previous year. The average number per session is 27 as against 29 in 1954. The following table gives numerical details of the clinics held, the persons who attended and the attendances for the year 1955.

During the year new multipurpose clinics including area offices and nurses' flats were erected to the design of the County Architect at Richmond and Pickering.

INFANT WELFARE CENTRES.

Area	Number of centres provided at end of year	Number of Child Welfare sessions held during the year	Number of children who first attended a centre during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendances at the centres during the year
				1955	1954	1953-50		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	9	287	717	708	246	205	1,159	7,416	1,158	715	9
2	3	153	513	445	376	242	1,063	5,731	387	500	6
3	4	152	414	357	294	250	901	5,091	1,039	713	6
4	8	249	406	362	350	287	999	4,627	1,123	1,045	6
5	5	124	157	131	112	144	387	1,690	476	663	2
6	12	156	191	164	198	369	731	1,514	796	1,613	3
7	26	451	523	463	480	880	1,823	4,546	2,186	3,194	9
8	10	183	275	223	198	422	843	2,535	1,333	1,680	5
9	8	155	467	589	192	235	1,016	3,524	627	729	4
10	6	328	509	442	358	377	1,177	3,397	648	695	4
Total	91	2,238	4,172	3,884	2,804	3,411	10,099	40,071	9,773	11,547	61

In addition North Riding children attended centres established by neighbouring authorities in adjacent areas as follows :—

Barnard Castle	25	11	10	9	5	24	88	16	11
Darlington ..	148	4	3	2	1	6	32	16	17
Middleton-in-Teesdale ..	24	1	4	3	5	12	36	5	15
York ..	260	3	3	—	—	3	6	—	—
Total ..	457	19	20	14	11	45	162	37	43

Supply of Dried Milks during 1955.

At short notice all local health authorities in England and Wales had to improvise arrangements for the distribution of National Dried Milk and vitamin foods in the summer of 1954. Fortunately most of the volunteers (small shop keepers in the country areas as well as the Women's Voluntary Service) agreed to continue. Additional clerical staff had to be engaged and cupboards purchased in order to store these products. In addition to the arrangements made for the distribution of the official preparations, many proprietary dried milks and other nutrients were supplied at infant welfare centres and clinics in accordance with expressed preferences of the medical officers attending such centres. Every encouragement has been given to mothers by the health visitors and other staff of the County Council to take up supplies of vitamin food provided for them and for their children.

Care of Expectant and Nursing Mothers and Children under School Age.

The standard of the County Council in the provision of ante-natal care in the community has been maintained ; the arrangements whereby consultants of the regional hospital board use the county council clinic at Saltburn for ante-natal sessions primarily for women seeking admission to Overdene Maternity Home have been extended and it seems probable that this service has come to stay.

Ante-natal clinics are held on premises owned or rented by the County Council at 40 places in the Riding either separately or in conjunction with infant welfare sessions ; these are staffed by medical officers with special experience in this type of work.

Specimens of blood are taken at all the County Council ante-natal clinics for transmission to the pathological laboratories set up either in the hospital service or in the Regional Blood Transfusion Service. In certain areas, practitioners refer patients to the ante-natal clinic so that blood specimens can be taken. The number of women who attended increased from 2,602 to 3,734 but the total number of ante-natal attendances at North Riding clinics decreased by 628. In addition attendances were made by mothers from the North Riding at the ante-natal clinics in Middlesbrough, Ripon and York.

Unfortunately there is still a large proportion of ante-natal women whose blood is not taken for examination ; this is only revealed when an investigation of stillbirths and neonatal deaths is carried out. Surely it would be advisable to make the taking of a blood specimen one of the essential services to be provided by a practitioner under the maternity medical services scheme in return for the fee of seven guineas.

As regards mothercraft training, this is one of the essential services provided at ante-natal and infant welfare clinics. The absence of such teaching at general practitioners ante-natal sessions is the main difference between a private ante-natal clinic and one operated by the local authority. Film strips, posters, leaflets and models have been used to illustrate the points in the talks given by medical officers and health visitors.

Maternity outfits are provided through clinics and through midwives for women who intend to have a domiciliary confinement. Each of the ten divisional offices has some accommodation for storage ; in addition, midwives often hold two or three spare outfits in their houses. The outfit supplied includes all the items set out in the appropriate Ministry's circular.

Special sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees for those post parturient women who desired post-natal examination by a woman medical officer.

Item	1951		1952		1953		1954		1955	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
Clinics ..	32	4	39	4	42	4	41	4	40	4
Sessions ..	706	126	994	140	986	133	978	133	1,021	137
Women attending	1,493	96	1,389	100	2,145	90	2,602	82	3,734	60
Total										0
Attendances	5,398	116	4,795	116	7,596	106	7,455	85	6,827	6

Mobile Infant Welfare and Ante-Natal Unit.

Many of the rural villages and outlying hamlets in the North Riding within a radius of 25 miles of New Earswick are provided with a good service by means of a mobile clinic presented to the County Council in 1949 by the Joseph Rowntree Village Trust ; this unit, during the year under review, was drawn by a 30 h.p. Ford Pilot car. The unit is staffed by an assistant county medical officer (female), a qualified health visitor and a driver/clerk. Waiting rooms are hired in villages for the use of those awaiting examination and advice. The car is also used for the purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit which is usually drawn up alongside a hired waiting room in one of the larger villages. The attendances are set out in the following table ; these attendances are also aggregated with those for static centres given on page 18.

	1952	1953	1954	1955
Clinics	19	22	21	21
Sessions held during the year	447	526	527	546
Expectant Mothers, Nursing Mothers and/or children using the service	1,200	1,527	1,407	1,204
Total number of attendances	6,097	7,417	7,373	6,383

The monthly visit of the mobile clinic to Hovingham was stopped in May 1955 because, owing to small attendances, the expenditure did not seem justified.

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1955, 30 centres were provided with this additional service at an approximate cost of £737. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time medical officers or from part-time medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.

Care of Unmarried Mothers and their Babies.

Grants were made to the following moral welfare associations who gave, through their paid and voluntary workers, valuable help and advice to expectant and nursing unmarried mothers :—York Diocesan Association for Moral Welfare (York and North Riding Branch) ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association ; Tees-side Moral Welfare Association ; Richmondshire Moral Welfare Association.

Fourteen unmarried mothers were admitted to Heworth Moor House, York, during 1955 and seven to a similar home at 21 Albemarle Crescent, Scarborough.

In addition 17 patients were admitted during the year 1955 to mother and baby homes at Darlington, Harrogate, Hull, Leeds and Middlesbrough. The social workers employed by the diocesan associations gave excellent service in this branch of public health.

The Care of Crippled Children (pre-school age groups).

Orthopaedic clinics, attended by an orthopaedic surgeon, were held in premises provided by the County Council at Thornaby, South Bank, Saltburn, Guisborough, Redcar, Carlin How, Whitby, Malton, Northallerton, Pickering, Richmond, and Scarborough ; clinics were also held at the Adela Shaw Orthopaedic Hospital, Kirbymoorside and by arrangement with the York City Council in the York School Clinic.

Some 389 children attended orthopaedic clinics during the year ; of these 198 were new cases. The total number of attendances at these clinics during the year was 1,028.

Children over the age of two years who are materially handicapped by crippling defects are dealt with under regulations made by the Minister of Education under the Education Act, 1944. Admissions of children under the age of two years to orthopaedic hospitals were arranged for 15 children during 1955. These children required treatment for non-tuberculous crippling defects.

SPASTIC CHILDREN.

It is not always appreciated that the multiplicity of symptoms associated with different cases of cerebral palsy arise because of the infinite variety of damage which may take place during the first weeks of intra-uterine life, possibly because of a virus infection, or later because of intra-cranial haemorrhage or other damage. The real difficulty in the provision of treatment for cerebral palsy cases arises from two facts (i) that there are so many different forms of cerebral palsy and (ii) because there is often intellectual impairment as well as a physical handicap.

The only effective way to tackle this condition is to secure early diagnosis and early treatment. I have suggested that some seven categories of ailment which affect children during the first fortnight of life should be reported by the hospitals concerned or by the midwives so that the health visitor who will normally be going into the home can, without causing anxiety to the mother, keep a careful eye on the physical development and progress of these children. Some of them will suffer a high tone deafness, others will have uncontrollable

movements and a further number will be truly spastic. One cannot expect the mother of such a child, unless she happens to be a trained nurse, to appreciate the position and one fears that in many cases the family practitioner is not called in, solely because the parent does not know that anything is really wrong. The opposition of many medical men to the use of health visitors in the early detection of cerebral palsy cases arises because of the fear of "interference" with his patients, but the health visitors would be instructed to call the attention of the family doctor to the possible defects; local authority staff would not build up another system of clinics independent of the special units in hospitals.

The special unit to be provided at the Adela Shaw Orthopaedic Hospital at Kirbymoorside had still not been opened at the end of the year under review but it is hoped that this and other special units, possibly one on Tees-side, will be provided by the respective regional hospital boards.

SPECIAL SCHOOL PROVISION.

For spastic children who do not require active hospital treatment but who require special education and/or intensive physiotherapy, the Education Committee has provided accommodation at Welburn Hall Residential School. Sometimes these children are admitted for a test period to make sure that they are capable of learning ordinary school subjects, because, unfortunately, at least 30% of spastics are ineducable within the meaning of Section 57 (3) of the Education Act, 1944. The children who do benefit however are retained until school leaving age or until their condition improves to such an extent that they are capable of attending an ordinary school even though they may have to be taken to school by their parents or by special transport. Towards the end of the stay in Welburn Hall, that is when the child is fifteen years of age, the headmaster makes contact with the youth employment officers who have been successful in most cases in providing suitable employment for such children.

Dental Treatment of Expectant and Nursing Mothers and Children under the age of 5 years not attending a maintained school.

The appointment of principal dental officer had not been filled at the end of the year under review and, therefore it is not possible to submit a report in the usual form but the table below shows that some 191 mothers were treated in 1955 as compared with 213 in 1954 and that 166 of these were made dentally fit before the end of the year. The shortage of dental staff has made it difficult to cope with the demand for treatment in the school health service and it is intended that any additional professional staff will be encouraged to give more time to conservative treatment to mothers and young children instead of doing extractions and providing dentures; the services of local authorities' dental staffs should be limited to the preventive side of dentistry and in particular to the saving of teeth during pregnancy and during the first five years of life. There is great scope for the future employment of oral hygienists particularly in connection with the teeth of pregnant women and of nursing mothers immediately after the end of the puerperium.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	204	199	191	166
Children Under 5 ..	233	198	190	182

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics General	Fillings	Scalings and gum treatment	Silver nitrate treatment	Radiographs	Dentures provided		Dressings
							Full Upper and Lower	Upper or Lower	
Expectant & Nursing Mothers	1,174	203	87	29	—		114	63	23
Children under 5	471	165	58	—	20	—	—	—	20

Family Planning.

Grants of £25 each were made to the local branches of the Family Planning Association at Scarborough and Thornaby.

DOMICILIARY MIDWIFERY SERVICE.**Domiciliary Midwifery.**

The whole of the domiciliary midwifery service provided under s.23 is administered directly by the County Council. Since 1949 there has been a decline in domiciliary midwifery and, because of this trend, it is not now the policy of the County Council to make new appointments of whole-time midwives; nurses in urban areas are now offered contracts as district nurse/midwives. At the end of the year under review 14 whole-time midwives were still employed in urban districts, 24 nurses (plus 6 part-time) undertook combined duties in urban districts and 65 nurses (plus 4 part-time) were carrying out generalised duties in rural districts.

The number of domiciliary confinements during the year is set out in the table below. For comparative purposes, figures for the years 1950, 1952 and 1954 are also given :—

	1950	1952	1954	1955
Total Domiciliary Confinements ..	3,017	2,838	2,477	2,299
(a) attended by midwives ..	2,068	1,985	1,995	1,780
(b) attended by maternity nurses ..	949	853	482	509
Percentage of total notified births ..	56.5	45.8	42.6	39.9

Deliveries attended by midwives employed by the County Council during 1955 :—

Doctor not booked		Doctor booked		Total
Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	
39	398	470	1,392	2,299

Only 1,615 of these 2,299 babies were wholly breast fed on the fourteenth day in spite of the best efforts of the county midwives ; this showed however, an improvement over the previous year. The whole weight of modern advertising is directed towards the use of substitute foods.

During the year, 343 cases delivered in institutions were attended by domiciliary midwives after discharge from institutions before the fourteenth day, compared with 198 in the preceding year and 241 in 1953.

It is interesting to note that in 1947, the last complete calendar year before the 'appointed day,' the percentage of domiciliary confinements (91%) taking place in the Riding was more than twice the percentage for 1955.

Unfortunately admission to many of the units in or near the Riding is not controlled by the local medical officer, but by the matron or consultants in attendance at the maternity hospital. It is most desirable that the knowledge and experience of the County Council midwives and health visitors should be fully used when decisions are made regarding the degree of priority for women who claim admission because of social conditions : after all maternity homes were originally provided as a form of rehousing during the puerperium, in those cases where conditions at home were unsatisfactory. Two nursing officers inspect midwives employed in private nursing homes or in maternity homes where there is no resident medical officer, and those practising privately within the administrative area of the authority, as well as the directly employed midwives. Ten midwives employed by the County Council attended refresher courses during 1955.

Ante-natal supervision is provided by medical officers and midwives at the ante-natal clinics and at certain infant welfare centres, as well as at special midwives' clinics ; in addition, those midwives who are booked by expectant mothers who do not attend clinics, visit their patients at intervals. There is, on the whole, good co-operation between county midwives and general practitioners who undertake maternity medical services.

Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority to notify that authority each year of her intention to do so ; the following table shows the number who registered during the year 1955 in various categories (figures for preceding year in brackets).

No. of Midwives	Employed by the County Council	Engaged in private practice	Employed by Hospital Management Committees
182 (215)	115 (125)	5 (8)	*56 (77)

* In addition 6 midwives were employed at the Military Families Hospital at Catterick Camp.

The Ministry of Health made, under Section 6 of the Midwives Act, 1936, an order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) regulations, 1939 (Regulation 33) the County Council employed on midwifery duties during 1955 one such person who had surrendered her certificate under the Midwives Act, 1936.

Medical Aid Records.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting, within due limits, the practice of midwives. A midwife acting as such, or as a maternity nurse, is obliged to observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or for any abnormality occurring during pregnancy, labour or lying-in period. The following table shows the nature of some of the reports sent in by the county midwives, district nurse/midwives, independent midwives and midwives employed in maternity homes or nursing homes during the period under review as compared with the previous four years :—

	1951	1952	1953	1954	1955
Requests for medical aid ..	583	518	526	532	515
Stillbirth reports ..	48	36	39	37	39
Rise in temperature ..	18	15	16	20	14
Death of mother ..	1	2	—	2	1
Death of infant ..	19	12	8	8	20
Laying out dead body ..	24	20	17	27	17
Artificial feeding ..	114	129	193	261	283
Liability to be a source of infection	50	74	25	47	43

The following is a classification of the stages when midwives had to summon medical aid—

	1951	1952	1953	1954	1955
During pregnancy ..	125	107	116	88	85
During labour ..	308	259	260	284	283
During lying-in period ..	66	74	65	88	69
In respect of child ..	84	78	85	72	78

Liability to be a Source of Infection.

In accordance with the Rules of the Central Midwives Board, there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. The number of notifications received each year since 1948 has varied from 103 in 1948, 75 in 1949, 59 in 1950, 50 in 1951, 74 in 1952, 25 in 1953, 47 in 1954, to 43 in 1955 ; the medical officers in charge of the ten administrative areas have been given the duty of ensuring that proper steps are taken by each midwife before returning to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat, ear and other infections of midwives when it appeared that the safety of the mothers and babies might be endangered by the existence of such conditions.

Maternal Mortality.

Maternal mortality is subject to wide fluctuations and the comparison of rates may lead to false deductions owing to the relatively small figures involved.

The distribution of maternal deaths is shown in table 6 at the end of the report.

Premature Births.

PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days			
247	208	71	60	31	16	25	22	1	1	45	16	5
								1954	1955			
Total premature live births								..	382	375		
Total premature still-births								..	66	66		

Notification of Puerperal Pyrexia.

During 1951 the Minister of Health, in exercise of his powers under Sections 143 and 283 of the Public Health Act, 1936, and other enabling powers, varied the regulations which are called the Puerperal Pyrexia Regulations 1939 and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928. Puerperal Pyrexia was redefined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more had occurred within fourteen days after childbirth or miscarriage".

In 1955, 26 notifications were received ; the circumstances of 19 were investigated by the superintendent nursing officers.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of infants commencing within twenty-one days of the date of birth, and under these Regulations the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance, she is obliged by the Rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however slight. In 1955, 4 cases were reported : all were treated at home and made a satisfactory recovery.

Analgesia used by Midwives.

At the end of 1955, 102 domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia as compared with 89 on 31-12-54.

The arrangements made to train domiciliary midwives in the use of pethidine with a view to taking advantage of the amendment made to the Dangerous Drugs Regulations, 1937, by the Dangerous Drugs Regulations 1948 and 1950 were described in a previous report. These provide that a certified midwife who has in accordance with the provisions of the Midwives Act notified to the local supervising authority her intention to practise, is authorised to be in possession of and to administer medicinal opium, tincture of opium and pethidine so far as is necessary for the practice of her profession or employment as a midwife, subject to certain conditions. Six more midwives received instruction in the use of gas/air analgesia during 1955.

The following table may be of interest and concerns the midwives employed by the County Council (the figures in brackets are those for 1954)

Domiciliary midwives trained to use gas/air apparatus	Sets of apparatus	Total domiciliary births	Patients receiving gas/air from domiciliary midwives		Patients receiving pethidine from domiciliary midwives	
			Doctor not present	Doctor present	Doctor not present	Doctor present
102 (89)	76 (76)	2,299 (2,459)	970 (951)	195 (191)	797 (820)	225 (277)

HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirty-two such nurses were employed in 1955. In addition one qualified health visitor was employed jointly on tuberculosis and venereal disease work in the Scarborough district and an experienced but uncertificated health visitor continued tuberculosis visiting and school nursing in the Thornaby area.

In rural districts nurses are employed on generalised duties ; 29 of these nurses hold the health visitors' certificate, two more than in 1954, and five more than in 1953. In one area, health visitors attend on Saturday mornings in rotation at the local hospital and obtain a list of children who have been admitted during the preceding days and of those who are likely to be discharged home during the following week. In another area the deputy nursing officer attends and the relative information is distributed from the central office. All information obtained regarding pending discharges is circulated to the home nurses in the area so that they can make any necessary preparations.

The total number of visits of all kinds made by health visitors amounted to 111,519 in 1955 as compared with 127,711 in 1954 and 96,975 in 1949. There was some difficulty in recruiting health visitors in spite of the County Council's scheme for the provision of scholarships which were not all allocated because of lack of applicants. In these circumstances the health visiting had to be more selective in areas where there was a shortage of staff. The following table sets out the work of the health visitors during 1955 :—

Expectant mothers	Children under 1 yr. of age	Children age 1 and under 2 yrs	Children age 2 but under 5 years	Tuber- culous House- holds	Other cases	Total
1,735	31,727	19,701	40,651	4,412	13,293	111,519

The total number of children under 5 years of age visited was 31,692 and 23,536 families were visited by the health visitors.

Training.

The County Council has offered scholarships each year valued at £240 each to enable suitable nurses to take the health visitors course of training at recognised centres. Since July, 1948, 29 scholarships have been granted to suitable candidates and with two exceptions the students have obtained the qualifying certificate ; 4 of these were awarded during 1955. A condition attached to the scholarships is that the recipient must work in the administrative county for a period of two years after obtaining the certificate.

Facilities have been afforded to the Principal of the Bolton Technical College for his students to obtain a week's experience in rural areas during the course of training. The County Council's health visitors find accommodation for these students and take them on their rounds as well as having the students as helpers at ante-natal clinics and infant welfare centres. Refresher courses for health visitors are not held within the Riding but vacancies are obtained every two years at courses held by the Royal College of Nursing.

Child Life Protection and Adoption of Children.

In this Riding the functions of infant life protection and the adoption of children are dealt with by the Children's Committee. Although most of the home visiting is undertaken by a visitor employed by the Children's Committee, the health visitors are often consulted regarding persons who are anxious to adopt a child or willing to undertake duties as foster parents. Children in the care of the Children's Committee continue to receive the normal care and supervision of the health visitor whose basic training is that of a nurse and whose professional judgment is of great value in assessing the health and needs of each child. Every attempt is made to ensure that "deprived" children are not further deprived of the services available to other children of the same age living in their homes.

HOME NURSING SERVICE.

When the County Council took over the home nursing service from district nursing associations in July 1948, it was decided to employ whole-time home nurses in the urban areas. Owing to the decline in domiciliary midwifery, it has become the practice to appoint doubly qualified nurses to undertake combined duties in these districts. On 31-12-55 there were 19 whole-time home nurses, 24 nurses (and 6 part-time) undertaking midwifery and home nursing, and in the rural districts 65 nurses (and 4 part-time) were undertaking duties of a generalised character. On the whole the home nurses have worked very well with the general practitioners and complaints regarding their work have been rare.

Some progress was made during the year in the early notification of names of patients being discharged from hospital and requiring nursing care at home. Previously the family doctor only knew of the discharge of the patient when he received the discharge report in certain instances but sometimes the home nurse is now advised directly by telephone from the hospital.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. About 70% of the cases fall into the "medical" category. There is no night nursing service as such, although many nurses do an evening round; a night nursing service does not seem practicable in an area which is mainly rural.

During the year under review, 24,753 patients received domiciliary visits to the total number of 216,191 and an analysis of these patients is set out in the following table.

Type of Case	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases	17,405	6,507	70	614	52	105	24,753
Number of visits	149,573	50,067	225	10,063	528	5,735	216,191

Of the total patients, 3,365 were over the age of 65 at the date of the first visit and 95,807 such visits were made. 5,883 visits were made on 760 children who were under the age of 5 at the first visit.

Training.

Arrangements are made for a small number of district nurses to attend every two years refresher courses organised by the Queen's Institute of District Nursing ; opportunities are also given for district nurses to attend one or two day courses in the adjoining County Boroughs. During 1955, five district nurses attended courses.

Arrangements are also made through the Queen's Institute of District Nursing for suitable candidates to take a four or six months course of district training. In some cases recipients of health visitors scholarships undertake combined district and health visitors training under the auspices of the Queen's Institute Scheme.

VACCINATION AND IMMUNISATION.

The health visitors are given the duty of stimulating the interests of parents in immunisation of the child population against diphtheria, but it is more difficult to interest a parent in vaccinating a child. One of the most awkward things to combat is the fact that the disappearance of diphtheria and smallpox tends to make parents careless or difficult to convince on the merits of protective measures. Many practitioners, though they have a financial incentive to immunise, are not maintaining their interest in this subject until a case occurs, or a positive swab is reported.

During 1952 the County Council approved a scheme for immunising children against whooping cough and practitioners can apply for the single antigen or for the combined diphtheria/pertussis antigen as they wish. Normally immunisation against whooping cough is desired at the age of four to six months. Arrangements for giving boosting injections of diphtheria antigen have been successfully made in urban districts. The percentage of immunised children under fifteen years is as high as 90% in certain areas. It is interesting to note that the number of notified cases of diphtheria during 1955 was 5 (none fatal) as compared with 332 cases and 12 deaths in 1939. Personal approaches to the parents by the health visitor remain the most effective agent in securing the consent of parents to the protection of their children : newspaper publicity and the distribution of leaflets are not nearly so effective.

A fee of 5/- is paid to medical practitioners for every notification of immunisation or vaccination except where sessions are organised, in which case the proper sessional fee is payable ; a record of immunisation in these latter cases is made by a member of the Council's staff. Notification in respect of successful immunisation by the combined diphtheria/pertussis antigen is made on one notification card ; the usual fee of 5/- is payable.

The following table gives the number of children within specified age groups who had, at the end of 1955, been immunised or vaccinated. Comparative figures are given for 1950, 1951, 1952, 1953 and 1954.

DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	Children under 5 immunised	Estimated population 5-14 yrs.	5-14 yrs. children immunised	Total est. pop. under 15 yrs.	Total children immunised under 15 yrs.
1950	31,478	13,642	51,950	24,901	83,428	38,543
1951	31,760	16,334	53,630	33,340	85,390	49,674
1952	30,900	16,425	55,900	37,869	86,800	54,294
1953	30,000	14,668	57,000	49,743	87,000	64,411
1954	30,200	16,529	57,800	54,067	88,000	70,596
1955	30,000	15,960	59,300	55,182	89,300	71,142

It will be noted that 43% of the younger age group received immunisation in 1950, 51% in 1951, 53.2% in 1952, 48.9% in 1953, 54.7% in 1954 and 53.2% in 1955.

VACCINATIONS.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs. & over	Total
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790
1952	1,360	364	296	2,020	1	95	656	752
1953	1,682	549	454	2,685	—	215	812	1,027
1954	1,705	306	223	2,234	5	218	573	796
1955	1,525	275	153	1,953	7	149	296	452

AMBULANCE SERVICE.

The number of patients carried and the mileage travelled by ambulances operated by or in conjunction with the County Council has increased each year since the "appointed day." It will be noticed from the table given at the end of this section of the report that 149,399 patients were carried as compared with 138,737 patients during 1954; the mileage travelled has increased from 1,355,759 miles to 1,402,950 miles in 1955. Further efforts to restrict the use of the service to those who are not able to travel by public transport or for whom an adequate public service is not available have been made throughout the year under review.

During the year three new Bedford/Lomas light transit ambulances were purchased and put into service; these vehicles are capable of seating 12 children or 8-9 adults and are very suitable for carrying children to occupation centres and patients to hospital out-patient departments.

The service in the Riding at the end of the year under review was provided from (a) county depots at Scarborough and Redcar, county stations at Northallerton, Haxby, Thirsk, Malton, Richmond, and county minor stations at Bainbridge, Whitby, Thornaby and Kirbymoorside, (b) agency services controlled by the St. John Ambulance Brigade at Carlin How, Eston and

Great Ayton, (c) hospital car service arranged by the Women's Voluntary Services in the Richmond, Ryedale, Wensleydale and Whitby areas and (d) customer arrangements with adjoining authorities.

The number of vehicles owned by the County Council on 31-12-55 for ambulance service purposes was 62; this number is one ambulance less and three dual-purpose vehicles more than at the end of the preceding year. The ambulance station at Whitby was transferred on 17-8-1955 from a garage near the Railway Station to premises adjoining the Metropole Hotel, West Cliff.

At the end of 1954 the County Council directly employed 80 whole-time men and 3 "retained" men at Bainbridge; this number was unaltered at 31-12-55. The "retained" staff were local residents and were paid a fixed allowance of £30 per annum plus 12/- each turn-out and an hourly rate for any time over two hours spent on ambulance duties.

The table below gives the number of patients carried and the mileage travelled since the appointed day.

Period	Category	County vehicles	Agency vehicles	Vehicles of other authorities	Hospital Car Service	Total
1948	Patients Carried	Details not available				7,671
(from 5 July)	Mileage ..	do do				189,380
1949	Patients Carried ..	15,826	9,923	1,857	3,062	30,668
	Mileage ..	319,587	201,188	23,398	146,043	690,216
1950	Patients Carried ..	26,809	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250,895	47,064	172,683	983,183
1951	Patients Carried ..	36,883	20,254	4,052	3,280	64,469
	Mileage ..	641,562	295,460	44,260	138,271	1,119,553
1952	Patients Carried ..	58,791	22,699	4,902	4,059	90,451
	Mileage ..	736,616	288,829	42,838	100,641	1,168,924
1953	Patients Carried ..	85,259	26,350	1,838	3,370	116,517
	Mileage ..	893,063	276,729	28,319	72,916	1,271,027
1954	Patients Carried ..	107,400	26,619	1,190	3,528	138,737
	Mileage ..	1,020,260	237,879	16,185	81,435	1,355,759
1955	Patients Carried ..	122,859	24,209	1,053	1,278	149,399
	Mileage ..	1,171,432	189,491	14,943	27,084	1,402,950

The number of patients carried during the 12 months ended 31-12-55 and the mileage recorded at each county station individually and by voluntary organisations, the hospital car service and other authorities is given below:—

COUNTY COUNCIL VEHICLES.

			Patients	Mileage
Scarborough	..	..	23,864	135,633
Redcar	..	..	26,578	198,185
Richmond	..	..	8,734	135,013
Thirsk	..	..	11,454	125,617
Haxby	..	..	12,108	103,538
Malton	..	..	10,366	130,949
Northallerton	..	..	6,343	113,491
Bainbridge	..	..	1,921	39,317
Whitby	..	..	4,164	59,219
Thornaby	..	..	12,826	54,827
Kirbymoorside	..	..	4,380	73,586
Adela Shaw Hospital (closed 13-6-55)			121	2,057
			<hr/> 122,859	<hr/> 1,171,432

VOLUNTARY ORGANISATIONS.

Eston	(S.J.A.B.)	..	12,657	85,665
Carlin How	(„)	..	9,981	69,483
Great Ayton	(„)	..	1,571	34,343
			<hr/> 24,209	<hr/> 189,491

HOSPITAL CAR SERVICE.

Whitby	..	..	9	112
Richmond	..	..	888	18,514
Wensleydale	..	..	381	8,458
			<hr/> 1,278	<hr/> 27,084

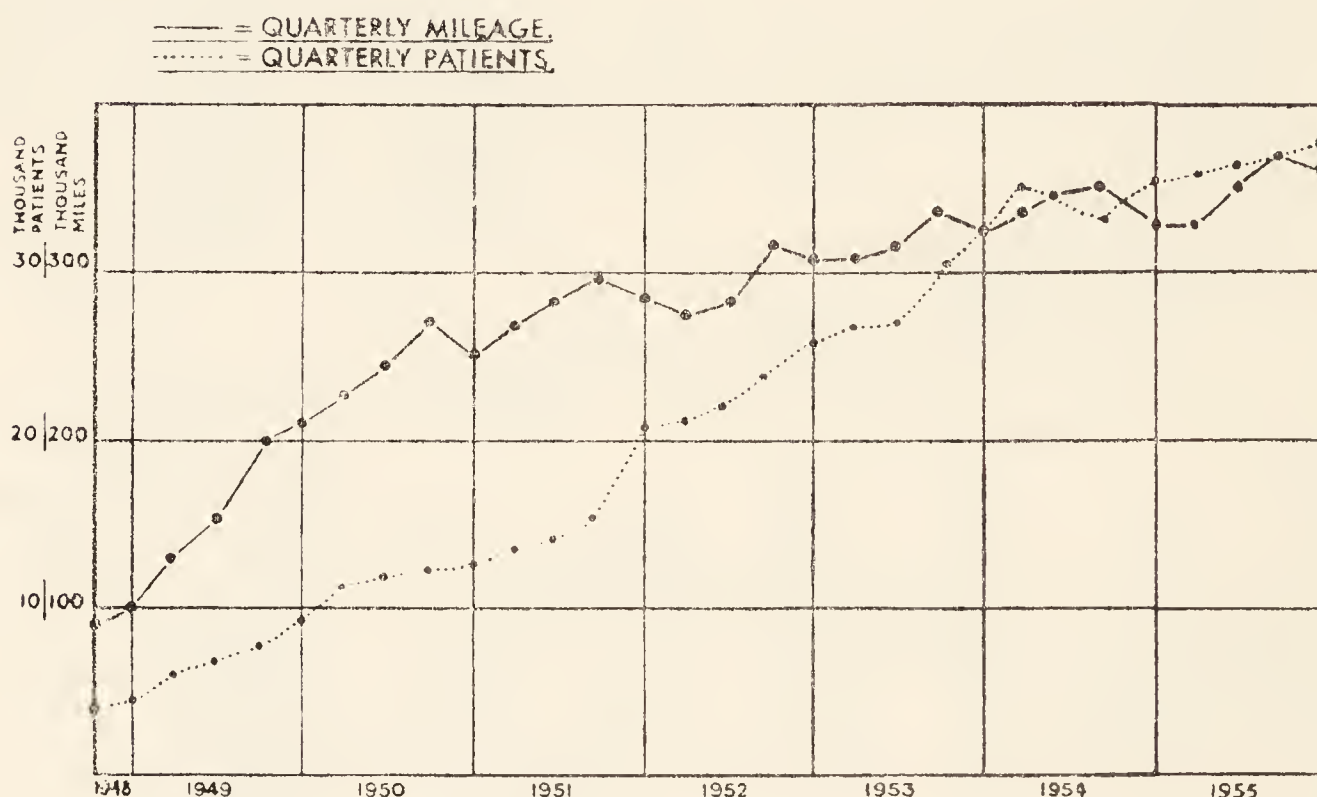
OUTSIDE AUTHORITIES.

Darlington C.B.	..	..	190	2,680
Durham C.C.	..	..	795	11,645
Middlesbrough C.B.	..	..	18	260
York C.B.	..	..	50	358
			<hr/> 1,053	<hr/> 14,943

It is interesting to notice that the mileage per patient has decreased as the service has expanded. The figures since the appointed day are as follows :—

1948 (part)	1949	1950	1951	1952	1953	1954	1955
24.41	22.50	19.82	18.91	12.92	10.90	9.77	9.40

The improved mileage per patient is illustrated in the graph given hereunder :—



SECTION 28. PREVENTION OF ILLNESS— CARE AND AFTER-CARE.

(a) TUBERCULOSIS.

The proposals made by the County Council under Section 28 of the National Health Service Act, 1946 as approved by the Minister of Health provide for the carrying out of the Health Committee's functions by area sub-committees ; in fact several of the functions of the Health Committee under Section 28 are carried out by area after-care committees. These care committees are given a grant by the County Council if formally affiliated to the National Association for the Prevention of Tuberculosis. The basis of the initial grant is 20/-d. per family in which a notified case of tuberculosis exists on the 1st January each year or alternatively at the rate of £10 per 1,000 population. Monetary grants cannot be made out of money voted by the County Council. Some of the care committees have shown little anxiety to expend money on the welfare of tuberculous persons and in some cases no effort has been made towards raising funds voluntarily. The service would just as well be administered directly by the area sub-committees if care committees are to remain dependent upon the County Council for

their financial resources. Care committees are established in eight out of ten health areas ; care work in the other two is carried out directly by the local health sub-committees ; the grants made during 1955 are set out later in this report.

The provision of open air shelters is dealt with centrally because of their cost and in order to solve problems of storage and economy. Extra nourishment, beds, bedding and nursing requisites can be obtained on a recommendation made by a chest physician or general practitioner to the local health office.

Materials for occupational therapy for patients discharged from sanatoria are provided through voluntary organisations, *e.g.* the British Red Cross Society, or care committees. No reasonable request for materials has ever been refused.

Each person suffering from tuberculosis can obtain on the recommendation of the chest physician one pint of extra milk per day without charge. Additional nourishment is dealt with by care committees on the recommendation of the family practitioner or of the chest physician in special cases.

Some 379 North Riding residents had been vaccinated with B.C.G. up to the end of 1954 ; a further 166 were vaccinated during 1955 by the chest physicians of the Regional Hospital Boards. B.C.G. vaccination was not carried out by whole-time officers of the County Council during the year.

Owing to the rural nature of this county and to the policy of the Regional Hospital Boards of providing chest clinics in the county boroughs in or adjacent to the Riding it has not usually been practicable to arrange for the attendance at these clinics of the health visitors in whose area the patients reside, as a large percentage of the patients seen on any particular day come from other nurses' districts, or from another local health authority's area.

Local housing authorities have co-operated well in the matter of re-housing tuberculous families ; help is in most cases readily given by housing allocation committees. In the course of follow up some 737 home contacts of tuberculous families have been examined by the chest physicians.

It has been the practice since 1950 to reimburse care committees the amount of their approved expenditure for the previous year. During the year under review grants were made to the various committees as follows :—

Care Committee	Gross Expenditure	Income from non-C.C. sources	Net expenditure reimbursed by County Council
	£	£	£
Eston ..	319	—	319
Redcar ..	196	1	195
Guisborough ..	17	5	12
Whitby ..	64	22	42
Ryedale ..	26	—	26
Bulmer ..	52	10	42
Wensleydale ..	76	8	†—
Scarborough ..	295	—	295

† Functions transferred to Area Health Sub-Committee,

(b) MENTAL ILLNESS OR DEFECTIVENESS.

Arrangements for the care and after-care of persons suffering from mental illness or defectiveness are dealt with by the Mental Health services sub-committee of the Health Committee ; see page 39 for details of the work of this standing sub-committee.

(c) OTHER TYPES OF ILLNESS.

As regards illness generally, certain items of equipment, *e.g.* special beds and mattresses, can be obtained on request from local health offices ; in addition each home nurse has access to a supply of nursing requisites which she may leave on loan in a patient's home without charge. Health visitors are being used by medical officers of health in certain areas to follow up cases of notifiable disease and to ensure that adequate nursing is available ; they are better able to give advice to parents on the prevention of further infection and the care of children than sanitary staff, particularly now that terminal disinfection has been virtually abandoned except after certain serious diseases, *e.g.* tuberculosis, typhoid fever and smallpox.

Certain care committees have raised funds to expend on the welfare of patients suffering from illnesses other than tuberculosis. Particulars of the amounts raised and the amounts expended during 1955 are given below :—

Care Committee	Amount raised	Amount expended
	£	£
Eston ..	117	*119
Redcar ..	6	4
Guisborough ..	38	18
Whitby ..	250	* 313
Ryedale ..	15	* 18
Bulmer ..	—	* 4
Scarborough ..	290	242

*In cases where expenditure exceeds income during 1955 the balance has been taken from capital or revenue received during previous years.

(d) CONVALESCENT HOME ACCOMMODATION.

Convalescent accommodation was offered to 53 individuals in 1955 as compared to 48 in 1954, 30 in 1953 and 29 in 1952. Accommodation is found for adults and children of both sexes and is limited to a maximum stay of 4 weeks. As this service is a type of holiday-rest service for those who are "run down" care has to be exercised to guard against persons using it as a means of obtaining a holiday for little or no cost.

The following table gives details of admissions to convalescent homes through the County Council's scheme in 1955 :—

Convalescent Home	No. admitted				Total Stay in days	Aver. stay in days	Cost including travelling	Amount Recovered	Nett cost (excluding admini- stration)
	Adults		Chil- dren						
	M	F	M	F					
West Hill, Southport	8	19	—	—	414	15·3	£ s. d. 284 12 6	£ s. d. 139 10 2	£ s. d. 145 2 4
Semon, Ilkley	1	3	—	—	63	15·7	31 18 6	6 16 0	25 2 6
Blackburn, St. Annes	4	5	—	—	126	14·0	79 2 0	43 16 0	35 6 0
Hunstanton, Norfolk	—	1	—	—	14	14·0	10 6 0	9 4	9 16 8
Shoreston Hall, Seahouses	1	—	—	—	28	28·0	23 0 8	Nil	23 0 8
N.E.C.F.S., Grange-over-Sands	7	—	—	—	105	15·0	63 13 10	44 7 0	19 6 10
Church Army, Southport	—	2	2	—	19	9·5	14 12 10	15 8	13 17 2

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During 1955 39 employees of the Children's Committee were surveyed in connection with their work or proposed employment in close contact with groups of children ; the cost is charged to Section 28 of the National Health Service Act, 1946. Some of these examinations are carried out by the Mass Radiography Service when surveys are being held in a suitable locality ; in other cases arrangements are made with a private radiologist.

In addition to the above, 45 persons employed by the Education Committee and 160 applicants for admission to a teachers' training college were x-rayed. The co-operation of the medical and technical staff of the mass miniature radiography units has been much appreciated. I am particularly indebted to Dr. G. Walker, the chest physician to the Northallerton area, for his helpful advice in doubtful cases.

HEALTH EDUCATION.

Advice on personal and environmental hygiene is freely given by health visitors employed in the County Council's service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred ; generally the advice is welcomed and accepted. Advice is also given on health matters at infant welfare centres, ante-natal and post-natal clinics, both orally and by means of pamphlets. Chest physicians, too, are

expected to cover the problem of prevention of infection in their discussions with patients and their relatives ; they remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases. Members of the medical staff have also given talks in their own areas in the capacity as local M.O.H. ; the three county health inspectors have systematically dealt with the peculiar problems of food handling in talks given to employees in the schools meals service.

DOMESTIC HELP SERVICE.

The domestic help service continues to expand. In 1947, 46 families were given help by 45 part-time helpers as compared with 559 families in 1952, 581 families in 1953, 681 families in 1954, and 705 families in 1955. In 1954 the number of helpers employed by the County Council was 20 whole-time and 108 part-time ; in 1955 the corresponding numbers were 18 whole-time and 120 part-time employees. It has been found desirable in rural areas to employ part-time domestic helps in order to avoid waste of working time.

The County Council's proposals under the National Health Service Act, 1946, provide for the employment of the equivalent of 80 full-time workers either in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority is given (i) to women having a domiciliary confinement, (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital, (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the section of the Act are then considered.

At the end of the year under review, the standard charge to persons obtaining domestic help was 3/-d. per hour, having been reduced by the Health Committee with effect from 1-10-54 ; recovery of whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment. The following table gives the number of helps employed, the hours worked, the families who received help and those who paid the standard charge in each of the ten health areas of the Riding.

It is only right to point out that the demand for domestic help far exceeds the amount which can be given within the limits of the present financial votes ; statistics prepared nationally show that in the North Riding the expenditure on home helps is approximately four-elevenths of that provided on the average in English counties. Consideration may have to be given to a trial of a scheme for part-time evening help given in the Metropolitan area. There, one home help comes into a household for two hours in the morning and another home help, in the course of two hours in the evening, visits this and other households to make up fires, to help old people into bed and to see them comfortably ensconced for the night.

Area	Domestic Helps		Recipients of Domestic Help		
	Employed or registered at end of year	Hours worked	No. who received help	No. who paid standard charge	
	Whole-time	Part-time			
Thornaby ..	2	7	11,443	62	3
Eston ..	1	17	29,944	139	3
Redcar ..	2	8	14,320	94	15
Guisborough ..	6	4	15,188	57	4
Whitby ..	1	3	7,406	26	6
Ryedale ..	—	25	16,834	56	—
Bulmer ..	—	16	7,237	50	3
Wensleydale ..	—	16	15,407	48	4
Richmond ..	—	20	13,452	64	7
Scarborough ..	6	4	13,590	109	12
Totals ..	18	120	144,821	705	57

MENTAL HEALTH SERVICES OF THE AUTHORITY.

Mental Deficiency.

In 1955, as previously, the County Council employed three whole-time Mental Health Workers of whom one was a trainee. All three are authorised under the Mental Deficiency Acts and, with the exception of those functions necessarily performed by registered medical practitioners, they made all the routine and statutory visits under the Mental Deficiency Acts. In addition, they supervised and reported upon defectives on licence and holiday leave when requested to do so by the Superintendents of the mental deficiency hospitals. During 1955 the Mental Health Workers made 2,740 effective visits. Although the authority's nine Duly Authorised Officers are authorised under the Mental Deficiency Acts as well as under the Lunacy Act, their work in the former connection has mainly been confined to the sporadic presentation of petitions.

The arrangement whereby psychiatrists employed by Leeds and Newcastle-upon-Tyne Regional Hospital Boards are available for consultations and advice continued to work satisfactorily as did those by which cases can be seen by the medical superintendents of mental deficiency hospitals in the areas of both boards. Their help and advice has been appreciated alike by parents of children and the staff of this authority on several occasions during the year.

Admissions to Hospital.

The number of cases admitted in 1955 to mental deficiency hospitals was again far short of the figure necessary to eliminate, even over a period of years, the disturbingly long waiting list. Indeed, the rate of admissions again failed to keep pace with the rate of notifications of new cases requiring hospital care and consequently the waiting list continued to grow. Instances occurred in which mothers of defective children themselves suffered a breakdown in health as a direct result of the intolerable burden they carried. This is surely one of the more grave sequelae of the insufficiency of hospital beds and a clear indication, as an important step in preventive medicine, for adequate hospital accommodation.

Hospital admissions, discharges and deaths in 1955 as compared with those in the four previous years are given in the following table :—

Year	Admitted		Discharged		Deaths	
	M.	F.	M.	F.	M.	F.
1951	12	14	6	4	3	1
1952	7	22	3	5	4	2
1953	18	16	2	3	4	4
1954	26	7	2	5	2	1
1955	10	6	4	9	2	4

It will be seen that in the year under review there were rather less than half the number of admissions and approximately twice the number of discharges and deaths in hospital compared with 1954. In fact, for the first time for five years more patients were discharged from or died in hospital than were admitted—a state of affairs which, in the midst of expanding hospital provision, cannot be regarded as satisfactory. On December 31st, 1955, 58 male and 42 female patients were awaiting institutional care.

Details of the numbers of defectives in hospital, on licence from institutions and under guardianship on 31st December, 1954, are as follows :—

	M.	F.	Total
(i) Defectives in Regional Hospital Board Hospitals on 31st December, 1954 :—			
Under 16 years of age	26	22	48
Over 16 years of age	197	197	387
(ii) On Licence from Institutions :—			
Under 16 years of age	3	—	3
Over 16 years of age	18	16	34
(iii) In Rampton and other State Institutions :—			
Under 16 years of age	1	—	1
Over 16 years of age	8	4	12
(iv) Under Guardianship :—			
Under 16 years of age	—	2	2
Over 16 years of age	3	1	4

Notifications.

Seventy cases were notified for the first time during 1955 from the following sources :—

	M.	F.
(i) Under Section 57 (3) Education Act, 1944	8	7
(ii) Under Section 57 (5) Education Act, 1944	8	8
(iii) Other sources, subject to be dealt with	16	13
(iv) Reported but not ascertained on 31-12-55	6	4

and their disposal was as follows :—

(i) Admitted to Institutions	4	1
(ii) Placed under guardianship	—	—
(iii) Taken to “ places of safety ”	—	—
(iv) Placed under statutory supervision	28	27
(v) Placed under voluntary supervision	6	4
(vi) Action not yet taken	—	—

The total numbers of defectives on the register on December 31st, 1955, were as follows :—

(i) In institutions (including those on licence therefrom) ..	254	239
(ii) Under guardianship	3	3
(iii) In “ place of safety ”	—	—
(iv) Under statutory supervision	219	202
(v) Number of persons who are not “ Subject to be dealt with ” but under some degree of supervision	55	45

During the year 24 defectives were admitted to hospitals under the control of the regional hospital boards under the provisions of Ministry of Health Circular 5/52 ; no additional expenditure for accommodation has been incurred by the authority.

Circular 1016.

This circular, dated 26th May, 1955, deals with carnal knowledge of mental defectives and is linked with circular 1010 dated 30th March, 1951. The second circular asked local health authorities to notify the Board of Control and the Police when a mental defective under statutory supervision is found to be pregnant or when there is reason to believe that sexual intercourse has taken place. Previously, under circular 1010, such notification had only to be given in the case of mental defectives who had been certified. It is difficult if not impossible for the police to take action in the case of a defective under supervision since carnal knowledge of such a defective is not in itself a criminal offence as it is in the case of a certified defective.

Mental Illness.

Nine duly authorised officers carry out duties under the Lunacy and Mental Treatment Acts. These officers are also authorised under the Mental Deficiency Acts and are employed as district welfare officers ; 21% of the salary of each is allocated to mental health. During 1955 these officers made 1,056 visits in connection with statutory duties under the Lunacy and Mental Treatment Acts and 116 visits in connection with after-care. In addition mental health workers have carried out home visits to discharged patients in suitable circumstances.

Lunacy and Mental Treatment Statistics.

Visits made in connection with the care and after care of patients (excluding those necessary for admission to hospital) 805

Patients admitted to hospital.

	1951	1952	1953	1954	1955
(i) Voluntary ..	330	374	384	427	493
(ii) Certified ..	101	132	160	157	174
(iii) Temporary ..	24	17	10	7	5
(iv) Section 20 cases	78	77	84	69	57
(v) Urgency orders ..	9	14	13	20	—

Occupation Centres and Classes.

(a) ALDERMAN COCKERILL OCCUPATION CENTRE—SCARBOROUGH.

The names of 19 children were on the register at the end of the year. Transport was again provided by the county ambulance service. It is pleasing to note that the high rate of attendance mentioned in my report for 1954 was again continued during 1955 ; the actual percentage attendance being 87% as against 84% for 1954. Another interesting feature of the attendances is that they were almost constant throughout the year ; ranging from 85% to 91% over the four quarters. A mid-day meal is provided by the school meals service at a cost to the parents of 9d. per day ; meals are provided free in approved cases. Medical inspections of the children attending the centre are carried out twice annually. During the year an inspector from the Board of Control visited the centre and a very satisfactory report was received.

(b) CLEVELAND OCCUPATION CENTRE.

This centre, opened in July, 1953, with accommodation for 32 defectives, was extended during the latter part of 1954 and early 1955. On 7th February, 1955, the new extension with accommodation for a further 25 children was opened. On that date a further 19 children were admitted making a total of 51 on the register and by the end of the year the number on roll was 55. Mrs. Dent, supervisor of the occupation centre since its opening in July, 1953, resigned on 31st December, 1955, and Miss M. Walburn, a member of the staff at the centre, was appointed as her successor.

There was a good attendance during the year, the percentage being 82% as against 84% during 1954. A mid-day meal is provided in the same way as at Scarborough and transport is provided by the County Ambulance Service and private hire cars. A visitor from the Board of Control inspected the centre during December and a satisfactory report was received.

The Redcar branch of the Society for Mentally Handicapped Children presented a gift of a record player to the occupation centre during the year. The presentation took place at the annual open day and sale of work and the record player was accepted on behalf of the County Council by the Chairman of the Mental Health Services Sub-Committee.

(c) WHITBY CLASS.

This class continued to function on three half days a week under the supervision and instruction of a mental health worker who is also a qualified occupation centre supervisor. The number in attendance in December, 1954, was 7. A mid-day meal is provided on the same lines as at the two occupation centres but parents make their own transport arrangements.

(d) OCCUPATION CENTRES CONTROLLED BY OTHER AUTHORITIES.

The council again sent defectives living near Middlesbrough and York to occupation centres controlled by these boroughs ; at the end of the year six North Riding children were attending the York centre, 5 the Middlesbrough centre and two the Darlington centre. During the year the committee approved the attendance of children at Claypenny Hospital on an out-patients basis and in November, 1955, one child from Easingwold commenced attendance. It is hoped to arrange for some six other children living in the south of the Riding to attend this centre.

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1955 was 13 as compared with 14 in 1954. Any premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department. There was one new registration in 1955. Two certificates of registration were surrendered voluntarily owing to the discontinuance of the use of the premises for the purpose of a nursing home.

The number of beds provided in these nursing homes at the end of 1955 was 137 (maternity 13 ; others 137).

BLIND PERSONS.

The number of persons whose names were on the register of blind persons at 31st December, 1955, was 805, of these 91 (34 males, 57 females) were ascertained on Form B.D. 8 during 1955.

The numbers of registered blind persons for whom operative treatment for cataract or glaucoma had been recommended since 1934 are 93 and 2 respectively ; only 36 had received the operation (9 in 1955) ; 16 refused operation mainly because of age or ill-health ; 14 refused operation for other reasons ; 5 are presumed to have received operative treatment ; 3 were ultimately advised by an eye specialist against an operation ; one person removed out of the area and 9 others had not been operated on at the end of the year under review for reasons unknown.

Nineteen cases of cataract for whom operative treatment was recommended were registered during 1955. Eight were actually operated on ; one refused, one removed from area, one is presumed to have received operative treatment and the remainder had not been surgically treated at the end of the year under review.

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis received in 1955 was 193 as compared with 233 in 1954.

Table I shows the number of new notifications during the last eleven years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43
1951	298	250	48
1952	224	188	36
1953	266	231	35
1954	233	202	31
1955	193	169	24

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and Table III the age and sex distribution of new cases notified and deaths during the year.

TABLE II.

Formal Notification.

Age-Periods	Number of Primary Notifications of new cases of tuberculosis													
	Under 1 year	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)
Pulmonary—														
Males ..	—	4	1	3	3	7	9	23	14	13	14	4	2	97
Females ..	—	—	1	2	2	9	12	17	13	11	2	3	—	72
Non-														
Pulmonary														
Males ..	—	—	—	—	2	—	—	1	1	1	—	—	1	6
Females..	—	—	—	4	2	3	1	1	6	—	—	1	—	18

TABLE III.

Age Periods	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ..	—	—	—	—	—	—	—	—
1- ..	5	1	—	—	—	—	—	—
5- ..	6	4	2	6	—	1	—	1
15- ..	53	51	2	11	5	6	1	2
45- ..	27	13	1	—	9	5	3	—
65- ..	6	3	1	1	4	5	—	1

In Table IV the distribution of new cases by district with comparative figures for the five preceding years is given : the deaths from tuberculosis are similarly set out in Table 5 at the end of this report

TABLE IV.

District.	1950		1951		1952		1953		1954		1955	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
Eston ..	31	2	42	—	47	4	47	5	21	2	20	4
Guisborough ..	4	3	7	—	1	—	—	—	3	—	5	1
Loftus ..	7	3	4	—	2	1	—	—	1	1	2	—
Malton ..	—	—	—	—	1	—	—	—	1	—	—	—
Northallerton ..	—	—	3	—	—	1	6	1	4	1	3	1
Pickering ..	—	—	2	—	—	—	—	—	—	—	1	1
Redcar ..	21	1	17	5	28	7	35	7	20	4	27	1
Richmond ..	2	—	8	—	5	—	4	—	4	—	3	1
Saltburn ..	9	2	7	1	7	—	3	2	4	1	2	—
Scalby ..	4	1	6	—	1	—	2	—	2	1	2	—
Scarborough ..	25	—	23	2	13	—	29	4	17	4	24	3
Skelton & Brotton	14	3	5	2	—	1	—	—	11	1	4	—
Thornaby-on-Tees	30	4	28	2	6	2	27	2	28	—	17	—
Whitby ..	1	6	12	5	5	1	—	—	3	1	3	2
Total Urban ..	148	25	164	17	116	17	153	21	119	16	113	14
RURAL DISTRICTS.												
Aysgarth ..	—	—	2	2	2	—	5	—	1	2	1	—
Bedale ..	2	—	1	—	—	1	5	—	3	1	1	—
Croft ..	—	—	—	—	—	—	—	—	2	—	—	—
Easingwold ..	14	1	25	3	3	2	7	—	5	1	3	1
Flaxton ..	11	2	8	2	15	3	7	4	6	1	11	5
Helmsley ..	3	1	1	1	—	1	—	—	2	—	2	—
Kirbymoorside ..	2	—	—	—	—	—	2	1	2	—	—	—
Leyburn ..	1	1	6	1	4	—	2	—	7	1	3	—
Malton ..	1	1	1	1	1	1	1	—	3	—	1	—
Masham ..	—	—	—	—	—	—	—	—	—	1	1	—
Northallerton ..	—	—	8	—	1	1	4	1	3	—	1	—
Pickering ..	1	—	1	—	2	—	1	—	2	—	—	—
Reeth ..	1	1	—	—	1	2	—	2	2	—	1	1
Richmond ..	12	1	10	1	14	1	15	3	16	2	13	1
Scarborough ..	4	—	4	2	1	—	3	1	1	1	—	—
Startforth ..	1	1	—	1	2	—	—	—	2	—	—	—
Stokesley ..	11	3	8	5	17	3	17	2	10	1	8	1
Thirsk ..	5	2	8	1	7	2	7	1	10	1	4	—
Wath ..	1	—	1	—	—	—	1	—	—	1	1	—
Whitby ..	6	4	2	11	2	2	1	—	6	2	5	1
Total Rural ..	76	18	86	31	72	19	78	14	83	15	56	10
Administrative County	224	43	250	48	188	36	231	35	202	31	169	24

Deaths and Death Rate.

43 deaths were ascribed to tuberculosis in 1955 as compared with 50 in 1954, 59 in 1953 and 69 in 1952.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last seven years and gives the corresponding figures for England Wales.

TABLE V.								
Deaths from Pulmonary Tuberculosis.								
	1949	1950	1951	1952	1953	1954	1955	
No. of deaths	127	104	70	60	42	39	35	
Rate per 1,000 population ..	0.36	0.28	0.18	0.16	0.11	0.10	0.09	
Deaths from Non-Pulmonary Tuberculosis.								
	1949	1950	1951	1952	1953	1954	1955	
No. of deaths	20	13	16	9	17	11	8	
Rate per 1,000 population ..	0.06	0.03	0.04	0.02	0.04	0.03	0.02	
The death rates in England and Wales were :—								
Pulmonary tuberculosis ..	.403	.321	.275	.212	.179	.160	.131	
Non-Pulmonary tuberculosis ..	.054	.043	.041	.028	.022	.019	.015	

The whole-time and part-time health visiting staff of the Riding made 4,412 visits in connection with the after-care of tuberculous persons. The Home nurses also made 10,063 visits to 614 tuberculous patients.

During 1952 the Public Health (Tuberculosis) Regulations, 1930, were revoked ; these were replaced by the Public Health (Tuberculosis) Regulations 1952. The new Regulations no longer require medical officers of health to keep a register of tuberculosis notifications, but the Minister of Health expressed the view that they should continue to do so.

The requirement in the 1930 Regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is omitted from the present Regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution staff concerned to the medical officer of health of the district to which the patient belongs.

The Minister recognises that local health authorities in fulfilling their responsibility under Section 28 of the National Health Service Act also need to receive every help from the hospital services, especially from physicians in charge of chest clinics, and in particular that medical officers of health should have access to clinic statistics. He has asked regional hospital boards to see that this help is everywhere forthcoming and to impress on those in charge of chest clinics that it is their duty to provide a medical officer of health with any information he may reasonably require for this purpose. Boards have also been urged to see that chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis and treat these as being as important as their clinical duties.

Contacts of cases of tuberculosis are examined by the chest physicians. This also applies in those cases where tuberculosis is not ascertained until the death of the patient. In the County area during 1955, 737 contacts were examined as compared with 169 notified cases of pulmonary disease. The corresponding figures for 1954 were 676 and 202 respectively.

There is no specific county-wide scheme for ascertaining early cases amongst children and others. Some are detected by the mass radiography service ; others are referred to chest physicians by general practitioners ; they are then kept under supervision and if necessary admitted to hospital. Mass radiography surveys are helpful but are only held at infrequent intervals in certain of the more populated parts of the Riding. It is not practicable to arrange for mass radiography in the more rural parts of the administrative Riding.

Many cases of tuberculosis after reaching a stage of quiescence return to their former employment. If that is entirely unsuitable the case is referred to the Ministry of Labour Resettlement Officer with a view to finding more suitable employment. Close contact is maintained between chest physicians and Disablement Resettlement Officers.

PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1955 is given in table 7 at the end of this report ; it will be seen that no notification of diphtheria was received.

The Public Health (Infectious Diseases) Regulations, 1953, which came into operation on the 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927 and the Infectious Diseases (London) Regulations 1927.

In their general substance and form, the new regulations are similar to the old ; that is to say, they require notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and provide for preventive steps to be taken against a spread of certain diseases specified in the fourth schedule to the regulations. The provisions about action to be taken by local authorities and medical officers of health against the risk of food poisoning applied under the old regulations to enteric fever and dysentery. They now apply to " typhoid fever, para-typhoid fever and other salmonella infections, dysentery and staphylococcal infection likely to cause food poisoning." The new regulations provide for action to be taken, not only as regards a person suffering from the disease in question, but also a person shown to be a carrier of the disease ; and a person in either class may now be prevented, not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation.

VENEREAL DISEASES.

The following table gives the summary of the first attendances made by North Riding patients at the hospital named during the years 1946 to 1955 :—

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Darlington General Hospital ..	84	52	58	39	55	30	24	23	41	22
Harrogate General Hospital ..	5	8	6	6	11	1	1	2	9	2
Leeds General Infirmary ..	4	3	1	2	6	8	2	8	1	—
Middlesbrough General Hospital ..	288	212	145	167	159	121	112	100	105	90
Scarborough Hospital	181	162	110	108	95	52	74	54	37	32
Stockton & Thornaby Hospital ..	98	72	66	48	33	25	33	26	17	
York County Hospital	90	51	68	44	27	27	30	41	27	26
South Shields ..	—	—	—	—	—	—	—	4	—	1
Totals ..	750	560	454	414	386	264	276	258	237	173

LABORATORY FACILITIES.

A comprehensive service is available at the two laboratories of the Public Health Laboratory Service that have been established at Northallerton and Middlesbrough. In addition to undertaking the examination of specimens the directors of the laboratories can help when required in epidemiological field work in co-operation with medical officers of health. The Middlesbrough laboratory serves Durham, in addition to the Tees-side, Guisborough and Whitby area of the North Riding. The Northallerton laboratory serves the remainder of the Riding, except for the Scarborough area which relies on a similar laboratory at Hull and to a lesser degree on a clinical laboratory at the Scarborough Hospital for this service.

The Northallerton laboratory is also a main distributing centre for diphtheria prophylactics and vaccine lymph for immunising persons against diphtheria and smallpox respectively.

The Public Health Laboratory Service is concerned with laboratory aspects of public health and was constituted by the National Health Service Act as an organization separated from the hospital services controlled by the Regional Boards. Central reference laboratories on particular public health problems have been set up and the facilities of these laboratories are available to the whole country through the branch laboratories of the service. In the North Riding, two public health laboratories, though not controlled by the Regional Hospital Boards, are situated by arrangement alongside the hospital clinical laboratories at the Friarage Hospital, Northallerton, and the General Hospital, Middlesbrough. As a result of this, a most valuable integration of laboratory aspects of preventive and clinical medicine has been possible.

SANITARY CIRCUMSTANCES.

Statistical summary of the work carried out during the year by the county health inspectors :—

	Visits	Samples
Visits in relation to works of water supply	166	
Samples of water submitted for examination		477
Visits in relation to works of sewage disposal	158	
Inspections of pasteurising plants and premises	294	
Samples of milk taken from pasteurising plants		491
Bottle rinses taken at pasteurising dairies		384
Visits to school premises (all purposes)	1,223	
Samples of School milk obtained		1,167
Samples of milk from County Children's Homes, etc. ..		37
Samples of milk submitted for biological examination—		468
Section 8—Food and Drugs Act, 1950		
Samples of milk taken in Specified Areas		379
Samples of milk taken at Hospital dairy farms		27
Housing inspections	95	
Refuse disposal—inspection of tips	81	
Ministry meetings or Inquiries attended	16	
	<hr/> 2,033	<hr/> 3,430

The foregoing figures are an increase over those of 1954 and this increase has been a feature of recent years due to the commencement of actual works on schemes of water supply and sewerage and sewage disposal, additional schools taking liquid milk supplies and specification of areas for designated milk sale. As remaining areas of the Riding are “specified” for the sale of retail milk there will inevitably be a further increase in the work of the county health inspectors. In carrying out their duties the county health inspectors have been helped by the co-operation of the various officers with whom they have to deal, particularly the directors and staffs of the Public Health Laboratories, the engineering inspectors of the Ministry of Housing and Local Government, the inspectors of the Rivers Boards and not least the public health inspectors of the local district councils.

HOUSING.

It is the duty of county councils to have constant regard to housing conditions in rural districts and rural district councils are required to submit, on request, at intervals of not less than one year, such information as is necessary to enable county councils to carry out this function (*vide* Sec. 88 Housing Act, 1936). Housing statistics contained in the following table show that there are now 113,360 houses in the Riding. There has been a reduction in the number of houses built by local authorities and an increase in houses built for private ownership. In rural areas overcrowding has become a negligible factor in relation to housing needs and could probably be eliminated by re-adjustment of tenancies. Greater use is now being made of grant aid facilities under the Housing Act, 1949, the number of applications and grants made having increased during the year ; as 2,201 houses are considered suitable for improvement under the Housing Acts, it is apparent that there is further scope for reconditioning by means of improvement grants, which were described by the Minister of Housing and Local Government in Circular 52/55 as of the “ utmost value in preserving older houses and improving living conditions.”

During the year the county health inspectors gave some assistance to certain county district councils with the housing survey ; this assistance was only made possible by postponement of routine duties and cannot be continued indefinitely.

DISTRICT	Total Number of houses in district	Number inspected during year	Number found to be satisfactory in all respects	Number with minor defects only	Number requiring repairs or structural alterations
A.—URBAN					
1. Eston	9,843	898	—	873	12
2. Guisborough ..	2,881	113	—	51	62
3. Loftus	2,625	58	17	17	24
4. Malton	1,315	350	164	27	59
5. Northallerton ..	2,138	200	—	—	186
6. Pickering	1,438	54	9	30	7
7. Redcar	8,591	271	50	109	106
8. Richmond	1,575	279	86	27	37
9. Saltburn & Marske	3,197	47	—	6	41
10. Scalby	2,287	140	62	10	50
11. Scarborough ..	14,336	215	—	4	80
12. Skelton & Brotton	4,104	987	431	462	556
13. Thornaby-on-Tees	6,512	462	140	20	162
14. Whitby	3,705	13	—	3	—
Total Urban ..	64,547	4,087	959	1,639	1,382
B.—RURAL.					
1. Aysgarth	1,253	193	1	21	39
2. Bedale	2,450	564	335	110	64
3. Croft	712	32	—	—	10
4. Easingwold	3,153	42	24	13	3
5. Flaxton	6,362	635	—	81	414
6. Helmsley	1,422	138	15	26	86
7. Kirbymoorside ..	1,440	163	29	11	94
8. Leyburn	1,973	1,923	764	692	395
9. Malton	1,823	—	—	—	—
10. Masham	638	135	—	30	30
11. Northallerton ..	2,772	195	—	2	12
12. Pickering	1,457	46	12	7	24
13. Reeth	890	339	73	204	112
14. Richmond	3,261	1,547	457	454	523
15. Scarborough ..	2,582	46	—	—	20
16. Startforth	1,407	157	—	38	73
17. Stokesley	6,098	—	—	1,395	1,125
18. Thirsk	4,038	612	—	—	270
19. Wath	658	110	4	6	57
20. Whitby	4,424	345	61	24	173
Total Rural ..	48,813	7,222	1,775	3,114	3,524
Administrative County	113,360	11,309	2,734	4,753	4,906

Number suitable for improvement under Housing Acts	Number unfit in all respects	Number of Houses erected		Housing Act, 1949. Sec. 20.			
		By Local Authority	By Private Persons	Number of appli- cations received	Number of Grants made	Number of Grants refused	Number of Grants pending
9	13	262	73	12	5	3	4
16	6	—	16	16	14	2	—
—	—	42	—	—	—	—	—
59	—	10	7	19	19	—	—
12	2	72	20	15	12	—	3
14	1	38	10	10	9	—	1
106	6	141	31	14	—	—	14
—	129	86	12	—	—	—	—
—	2	42	48	3	—	3	—
4	14	14	26	4	4	—	—
109	22	109	59	126	99	6	21
—	1	33	10	13	12	1	—
100	39	86	10	38	28	4	6
3	10	—	24	29	12	16	1
432	245	935	346	299	214	35	50
14	132	8	3	6	6	—	—
30	25	24	7	13	9	—	4
9	13	—	8	9	9	—	—
2	2	30	25	35	7	3	25
23	104	65	285	23	4	2	17
34	11	4	4	16	13	1	2
94	29	12	1	17	15	1	1
88	54	—	9	21	20	—	1
—	—	10	8	24	26	—	—
3	75	—	—	3	3	—	—
55	126	22	14	55	49	4	2
22	3	16	4	24	21	1	2
62	1	—	2	8	6	2	—
88	113	211	7	24	22	2	—
19	7	2	42	22	20	1	1
—	46	—	—	1	—	—	1
1,125	547	56	231	22	21	1	—
14	278	37	18	65	64	—	1
11	32	11	—	10	10	—	—
76	87	33	20	28	24	1	3
1,769	1,685	541	688	426	349	19	60
2,201	1,930	1,476	1,034	725	563	54	110

WATER SUPPLIES.

Nine schemes for the provision of water supplies or improvements to existing supplies were submitted during the year by statutory water undertakers *i.e.* local authorities and the Ryedale Water Board ; these schemes were examined by the county health inspectors and/or the county consulting engineers. Reports on the purity and adequacy of the proposed sources of water supply and the extent of coverage provided by the schemes were prepared after investigations in the field ; these reports formed the bases upon which observations were made to the local authorities. Details of the schemes submitted, with estimated costs and the areas concerned are given below :—

Authority	Date submitted	Scheme	Estimated cost
Northallerton U.D.C.	17-3-55	Extension of water mains along Thirsk Road, Northallerton	£ 2,800
Easingwold R.D.C.	12-1-55	Mains extension to Crankley Farms, Easingwold	829
Pickering R.D.C. . .	12-9-55	Amended scheme for supplying Pickering Marishes	12,000
Richmond R.D.C. . .	25-2-55	Extension of " Crumma " Regional Scheme to serve Dalton, Easby, Caldwell and West Layton, Gilling and Middleton Tyas.	11,000
Scarborough R.D.C.	2-2-55	Regional water supply scheme—Troutsdale scheme—to serve Parishes of Brompton, Snainton, East Ayton, West Ayton, Hutton Buscel (part), Suffield (part), Hackness, Wykeham (part) and Troutsdale (part).	92,751
Startforth R.D.C. . .	8-10-55	Proposed water supply to Barningham, Bowes, Boldron and Brignall.	135,455
Stokesley R.D.C. . .	26-10-55	Augmentation of existing supplies from Northallerton Joint Water Board supply.	3,450
Whitby R.D.C. . .	25-1-55	Water main extension from Dalehouse to Staithes Lane End—Parish of Hinderwell.	1,270
Ryedale Water Board	19-4-55	Hildenley Reservoir—additional storage capacity.	18,091

The schemes submitted by the Northallerton U.D.C., and the Easingwold R.D.C., were simple extensions.

The Pickering R.D.C. scheme for Marishes was designed not only to supply agricultural properties and Marishes from the Thornton Dale supply, but also to link up the Thornton Dale supply with the proposed Ryedale Water Board trunk main.

The Richmond R.D.C. scheme was a logical extension of the " Crumma " Regional Scheme.

The Ryedale Water Board's scheme for the construction of the Hildenley Reservoir made provision for additional storage capacity required to serve parts of Malton R.D.C., and for future requirements by Pickering U.D.C., and Pickering R.D.C.

The Stokesley R.D.C. scheme was designed to take advantage of the proximity of the Northallerton Joint Water Board supply for contiguous areas, and the Whitby R.D.C. was a simple mains extension.

The two major schemes submitted were of particular interest as they constituted a reversal of policy by the local authorities for the areas concerned. The scheme submitted by the Scarborough R.D.C. to serve the parishes of Brompton, Snainton, East and West Ayton, Hutton Buscel (part) and parts of Suffield, Wykeham, Hackness and Troutsdale, was based on the development of the Troutsdale springs supply as distinct from previous proposals to supply the area from the Ryedale Water Board's supply. The Startforth R.D.C. scheme to supply Barningham, Bowes, Boldron, and Brignall, by the Tees Valley Water Board replaced a former scheme which was based on local water resources. There were difficulties in the way of unqualified approval of these two schemes due to doubtful purity of the supply in the first instance (Scarborough R.D.C.) and excessive cost of the Startforth R.D.C. scheme ; these difficulties had not been resolved at the end of the year.

During the year six meetings convened by the Ministry of Housing and Local Government to consider schemes of water supply and investigate progress of work on schemes previously approved, were attended by the county health inspectors who reported thereon ; details of the local authorities and areas concerned are as follows :—

Authority	Date of Meeting	Scheme
Pickering R.D.C. ..	28-4-55	Cropton and Cawthorn.
Reeth R.D.C. ..	9-8-55	Regional water supply—alternative sources of supply.
Richmond R.D.C. ..	9-11-55	“ Crumma ” regional water supply.
Scarborough R.D.C.	23-3-55	Regional water supply—Troutsdale—Ryedale Water Board.
Whitby R.D.C. ..	25-8-55	Regional water supply.
do ..	26-10-55	Purchase of private water undertaking at Westerdale.

The county health inspectors made 166 visits of inspection in connection with new sources of water supply or improvements to existing sources of supply.

A brief summary of the activities of local authorities in connection with water supplies in their districts is given below :—

BEDALE R.D.—Mains extension provided to Leeming Bar, a booster pump was installed at Bellerby and a 9,000 gallon storage tank at Gebdykes.

EASINGWOLD R.D.—A new link main was provided to Helperby and Brafferton.

HELMSLEY R.D.—The work on the southern area distribution scheme commenced in 1953 was almost completed by the end of the year.

PICKERING R.D.—A link main was provided between Sinnington and Wrelton.

STARTFORTH R.D.—Work commenced on a scheme to supply Holwick.

WHITBY R.D.—The Regional Scheme was extended from Dalehouse to Staithes ; a new water supply scheme was provided at Comondale and the Bay Ness reservoir was covered.

Apart from the foregoing, extensions of mains were carried out in many county districts to supply new housing development and agricultural requirements.

Seventeen county districts reported shortages of water supplies in parts of their areas due to drought conditions.

Supervision and sampling of water supplies.

During the year 477 samples of water were taken by the county health inspectors. The majority of these samples were taken at schools where existing supplies were known to be from unsatisfactory sources and liable to pollution. There was a reduction in the number of sample failures when compared with figures for the year 1954 ; this reduction was attributed to the progress made in the provision of satisfactory mains supplies by local authorities. In all cases where samples were unsatisfactory recommendations were made that supplies should be boiled prior to human consumption ; at the end of the year 46 rural schools were the subject of such recommendations.

The results of the samples taken are given below ;—

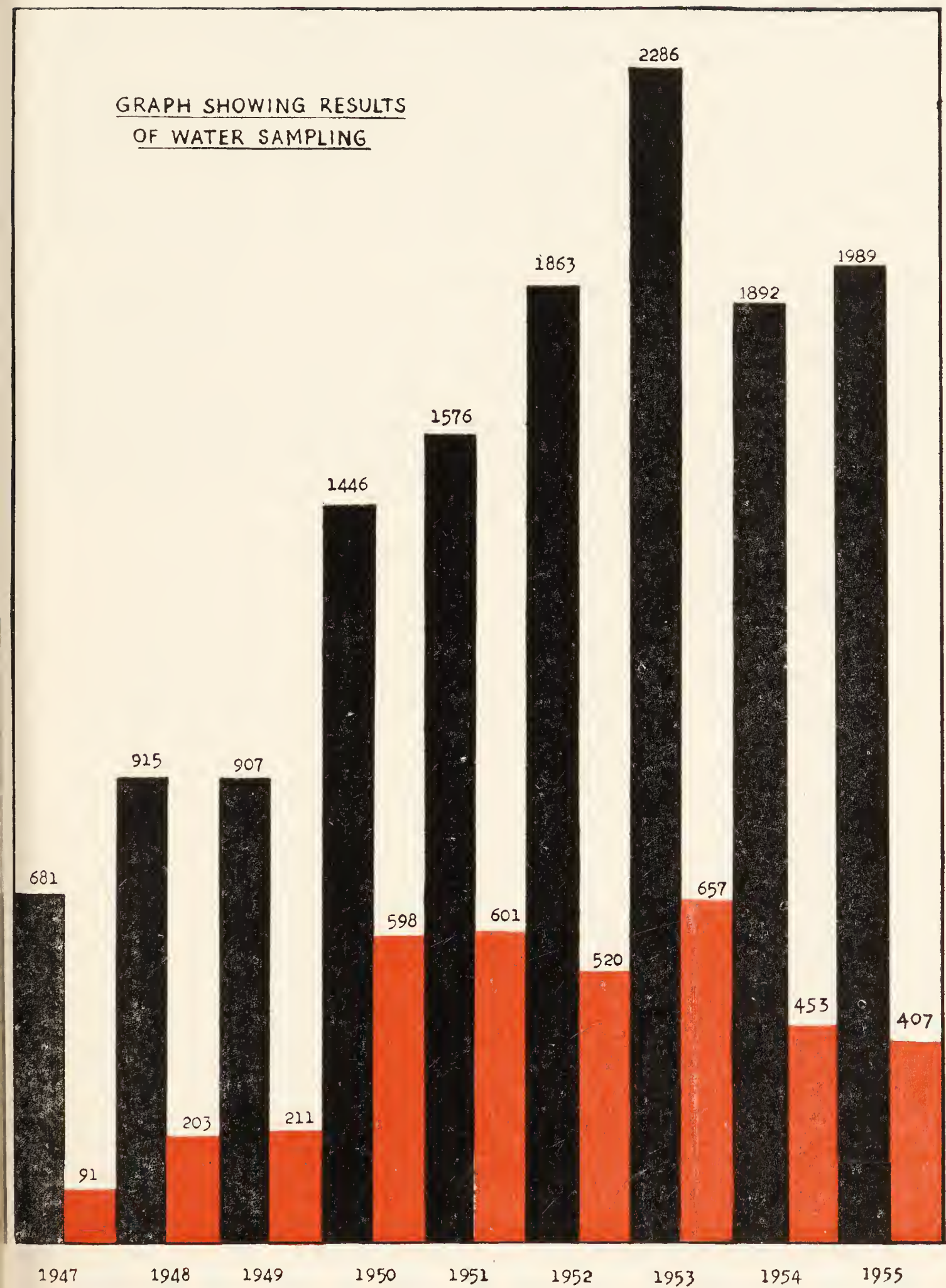
Test	No. taken	Satisfactory	Unsatisfactory	Remarks
Bacteriological examination	476	374	100	2 not examined
Chemical analysis ..	1	1	—	—

Weekly samples of raw and chlorinated water have been taken at the Ryedale Joint Water Board pumping station at East Ness ; these samples have shown a consistently high degree of purity. Tests of water for residual chlorine were also made on a number of chlorinated supplies.

There has been a rise of 97 in the number of samples taken by officers of county districts during the year and a decrease of 46 in the number of unsatisfactory samples ; this reduction in the number of unsatisfactory samples has been progressive since 1952 despite diverse weather conditions, and must be attributed to over-all improvements in the water supply position in the Riding as a result of development made possible by the Rural Water Supplies and Sewerage Acts.

The following block graph and detailed statistical summary show the results of sampling *in toto* and by each individual authority.

GRAPH SHOWING RESULTS
OF WATER SAMPLING



NUMBER OF SAMPLES TAKEN

NUMBER OF UNSATISFACTORY SAMPLES

DISTRICT	Chemical analysis			Bacteriological examination			Mains Supplies
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	
URBAN							
*Eston	3	3	—	3	1	2	1
Guisborough	1	1	—	12	12	—	4
Loftus	—	—	—	14	14	—	2
Malton	—	—	—	19	18	1	1
Northallerton	—	—	—	56	31	25	1
Pickering	—	—	—	161	134	27	1
Redcar Borough	40	38	2	40	38	2	3
Richmond Borough	—	—	—	22	22	—	1
Saltburn & Marske	—	—	—	6	5	1	1
Scalby	102	102	—	26	26	—	2
Scarborough Borough	8	8	—	399	393	6	2
Skelton & Brotton	—	—	—	15	14	1	2
*Thornaby Borough	—	—	—	4	4	—	1
Whitby	—	—	—	13	11	2	1
Total Urban	154	152	2	790	723	67	23
RURAL.							
Aysgarth	3	3	—	27	14	13	17
Bedale	—	—	—	37	30	7	1
Croft	—	—	—	20	7	13	2
Easingwold	—	—	—	56	46	10	3
Flaxton	1	1	—	11	10	1	2
Helmsley	—	—	—	133	98	35	9
Kirbymoorside	—	—	—	131	117	14	11
Leyburn	2	2	—	22	16	6	16
Malton	—	—	—	66	41	25	3
Masham	—	—	—	3	—	3	4
Northallerton	—	—	—	18	12	6	2
Pickering	—	—	—	44	30	14	11
Reeth	2	2	—	31	13	18	15
Richmond	3	3	—	41	20	21	24
Scarborough	—	—	—	416	312	104	8
Startforth	—	—	—	26	16	10	6
Stokesley	1	1	—	23	15	8	2
Thirsk	2	2	—	16	14	2	6
Wath	—	—	—	25	21	4	9
Whitby	4	4	—	53	27	26	19
Total Rural	18	18	—	1199	859	340	170
Administrative County	172	170	2	1989	1582	407	193

* Supply provided by Tees Valley Water Board.

Regionalisation of water supplies is, in many areas becoming an established fact, without the need for direction. The extension of regional supplies by reason of centralised supervision and treatment tends to engender an attitude of *laissez faire* so far as sampling is concerned at the point of consumption. There is no justification for this attitude nor for reducing the number of samples taken per annum to less than one sample per month from each source of supply, which is the record of some county districts as shown by the foregoing table ; in these areas the county health inspectors maintain supervision of the supplies by regular sampling at schools.

Arising from a Ministry of Housing and Local Government request for details of domestic water supplies in rural areas, a questionnaire was sent to all county districts and the information received is tabulated below. Some idea of the progress which has been made in the provision of piped water supplies to houses in the Riding is given by reference to the number of houses with individual piped supplies from the mains of local authorities and privately owned water undertakings ; the very high figure of 90% of the houses now have this individual service.

Circumstances of water supplies to domestic properties in the
Rural Districts of the County administrative area.

RURAL DISTRICT (1)	No. of houses in the district (2)	PUBLICLY OWNED PIPED SUPPLIES		PRIVATELY OWNED PIPED SUPPLIES	
		No. of houses with individual piped supply (3)	No. of houses sharing such supply (4)	No. of houses with individual piped supply (5)	No. of houses sharing such supply (6)
Aysgarth ..	1,239	1,071**	—**	160	8*
Bedale ..	2,194	2,035	—	42	—
Croft ..	649	323	—	153	5
Easingwold ..	3,157	2,998	24	84	—
Flaxton ..	6,012	5,859	65	4	—
Helmsley ..	1,378	1,000	36	330	12
Kirbymoorside	1,507	1,376	36*	89	—
Leyburn ..	1,868	1,421	—	—	—
Malton ..	1,823	1,408*	355	12	—
Masham ..	547	456	4	77	—
Northallerton ..	2,802	2,222	23	53	—
Pickering ..	1,805	1,358*	16	115	129
Reeth ..	887	554	31	253	—
Richmond ..	3,264	2,081	247	425†	—
Scarborough ..	2,606	2,049	43	432	—
Startforth ..	1,407	706*	106*	250*	119*
Stokesley ..	5,811	5,644	—	65	24
Thirsk ..	3,991	3,546	207	129	—
Wath ..	658	553	25	37	—
Whitby ..	4,424	2,639*	35*	1,284*	35*
TOTALS ..	48,029	39,299	1,053	3,994	332

No. of houses without a piped supply (7)	No. of isolated properties without a piped supply owing to high cost (8)	REMARKS (9)
—	—	**No separate information.
117	16	
168†	50*	†80 have bore-holes or pump wells, etc.
51	39	
84	84	
—	—	
6	—	
—	—	Figures supplied by Rating Office—no details available from Sanitary Inspector.
48	20*	
10*	10*	
504	120*	
4	183	
49	18	
13	19	‡498 have individual wells, springs and pumps.
82	79	
226*	200*	
78	—	
109	100*	
43	40*	
431	117*	
2,023	1,095	

* Estimated figure.

25th June, 1956.

SEWERAGE AND SEWAGE DISPOSAL.

Schemes for sewerage and sewage disposal submitted during the year have consisted mainly of extensions and reconstruction. Eleven schemes were approved in principle after the submission of reports by the county health inspectors and/or the county consulting engineers. Details of the local authorities and areas concerned together with estimates of the cost of the proposals, are as follows :—

Authority	Date submitted	Scheme	Estimated cost
Guisborough U.D.C.	7-12-55	Extension of sewerage scheme at Wilton to take in Lackenby and South Lackenby.	£ 5,000
Croft R.D.C.	15-7-55	Barton.	15,300
Easingwold R.D.C.	25-5-55	Alne and Tollerton—extension of sewer in Newton Road, Tollerton	1,703
do	1-12-55	Extension of Easingwold sewage disposal works.	15,032
Kirbymoorside R.D.C.	10-3-55	Kirbymoorside—reconstruction of sewage disposal works (amended)	24,186
Leyburn R.D.C.	6-12-55	Spennithorne and Harmby	11,550
Pickering R.D.C.	14-9-55	Thornton Dale—further extensions.	Included in final cost of original scheme
			54,423
Scarborough R.D.C.	22-7-55	Burniston and Cloughton.	80,038
do	22-7-55	Brompton, Snainton, Sawdon, Wykeham, Hutton Buscel, Ruston, Gristhorpe, Lebberston, West Ayton.	160,641
Whitby R.D.C.	17-8-55	Stainsacre (amended).	3,655
do	7-9-55	East Barnby.	2,150

The Ministry of Housing and Local Government held ten meetings to consider new schemes or to investigate the progress of existing schemes of sewerage and sewage disposal in the Riding ; these meetings were attended and reported upon by the county health inspectors. The following local authorities and areas were concerned in the meetings :—

Authority	Date of Meeting	Scheme
Redcar Borough ..	3-2-55	Main drainage scheme—Kirkleatham district.
Bedale R.D.C. ..	24-8-55	Bedale and Aiskew.
Easingwold R.D.C. ..	5-1-55	Helperby and Brafferton.
do ..	5-1-55	Shipton.
Flaxton R.D.C. ..	3-1-55	Harton.
do ..	3-1-55	Warthill
Malton R.D.C. ..	1-9-55	Slingsby.
Masham R.D.C. ..	10-5-55	Masham
Wath R.D.C. ..	9-3-55	Melmerby and Wath
Whitby R.D.C. ..	12-5-55	Ugthorpe

In addition to the examination and inspection of new proposals for sewerage and sewage disposal, the county health inspectors made regular inspections of schemes in progress, 158 visits being made in the course of these duties.

A brief summary of the activities of county district councils in connection with sewerage and sewage disposal during 1955 is as follows :—

GUISBOROUGH U.D. ..	work on the sewerage of the parish of Wilton was commenced.
LOFTUS U.D. ..	work was commenced on the sewer to serve Cowbar.
RICHMOND BOROUGH ..	the new sewerage and sewage disposal scheme progressed during the year and was near completion on 31-12-55.
EASINGWOLD R.D. ..	a new sewerage and sewage disposal scheme for Alne and Tollerton was commenced and a scheme for Helperby was completed. Husthwaite unsatisfactory sewage disposal arrangements were the subject of a special report by the District Medical Officer.
FLAXTON R.D. ..	Warthill and Harton sewerage and sewage disposal schemes were completed during the year and work was carried out in Holtby and Buttercrambe.
HELMSLEY R.D. ..	improvements to Oswaldkirk sewage disposal works were completed during the year and work was commenced on improvements to Gilling East works.
RICHMOND R. D. ..	sewerage and sewage disposal schemes for Aldbrough St. John, and Gilling West, were commenced.
THIRSK R.D. ..	Thirsk and Sowerby sewage disposal scheme was completed and the second stage of this scheme for Carlton Miniott, Sand Hutton, and South Kilvington was commenced.

- WATH R.D. . . . new sewage disposal works and sewer extensions were completed in Wath and Melmerby.
- WHITBY R.D. . . . the relaying of the Staithes sea outfall sewer was commenced.

In addition to the foregoing the majority of county districts carried out sewer extensions to serve new housing developments.

There remain many areas in which sewerage and sewage disposal facilities are required but these are in abeyance due to the high cost of such schemes.

Special sewage disposal arrangements were completed at Welburn Hall Special School and at Yorebridge Grammar School.

New sewerage and sewage disposal facilities must be used immediately they become available both for efficient functioning and to justify capital expenditure; in this connection the number of old houses connected to the water carriage system during the year was 504, compared with 2,514 connections from new houses to sewers.

REFUSE COLLECTION AND DISPOSAL.

In recent years there have been few improvements to record in refuse collection and disposal arrangements in the Riding; this is mainly attributable to the high cost of collection in rural areas and the difficulty of centralising disposal points so that efficient controlled tipping can be carried out in accordance with Ministry of Health recommendations. Each year suitable sites for refuse disposal become scarcer in urban areas and in rural areas where preservation of the natural amenities has to be considered; inevitably when the present period of restriction on capital expenditure ends the problem of centralised tipping on a communal basis by local authorities will have to be faced.

At the present time eleven urban authorities dispose of refuse by controlled tipping, two by uncontrolled tipping and one by incineration; seven rural authorities dispose of refuse by controlled tipping, nine by partially controlled tipping three by uncontrolled tipping, and one by uncontrolled tipping and incineration.

The problem of refuse and litter deposits by visitors to inland and coastal beauty spots became acute in certain areas during the year and was the subject of specific complaints; as a result the North Riding Constabulary were asked to enforce a County Council byelaw for the prevention of deposit of litter with greater stringency than hitherto. Itinerant caravan dwellers were troublesome in this respect in the Thirsk area, but it is fair to say that no trouble was reported around organised camps or sites of recognised caravan clubs.

Tipping by the Eston U.D.C. at Normanby to form playing fields for the Eston County Modern school continued throughout the year and the site was regularly inspected by the county health inspectors; despite high winds which often blew paper around, a high standard of control was maintained throughout the year.

Methods of refuse disposal, frequency of collection and estimated costs of the service provided by the authorities are given in the following tabular statement.

District	Estimated cost of service	Method of refuse disposal—1955	Frequency of collection, improvements to service, etc.
BAN	£		
ston	.. 16,832	Controlled tipping	Weekly collection
uisborough	.. 4,719	do ..	do
oftus	.. 3,450	do ..	do
alton	.. 2,448	do ..	do
orthallerton	.. 2,930	Uncontrolled tipping	do
ckering	.. 1,140	do ..	Bullamoor and Hailstone Moor—3 weekly collection. Weekly collection in town area. Quarterly collection at Stape and Bean Sheaf.
edcar Borough	.. 15,141	Controlled tipping	Weekly collection.
chmond Borough	2,302	do ..	do
ltburn & Marske	4,617	do ..	do
alby	.. 3,653	do ..	do
arborough			
Borough	.. 40,735	do ..	do
elton & Brotton	4,798	do ..	do
ornaby Borough	8,635	do ..	do
hitby	.. 7,365	Incineration ..	do
REAL			
ysgarth	.. 650	Partially controlled	Fortnightly collection.
dale	.. 3,000	Controlled tipping	Bins collected weekly in Bedale and Aiskew. Fortnightly collections in other areas. Ashpits cleared 4 times a year.
oft	.. 780	Partially controlled tipping.	Fortnightly collection.
singwold	.. 4,000	Controlled tipping	10 day collection—privy middens monthly.
axton	.. 4,454	Partially controlled	Weekly collection from all area served.
elmsley	.. 1,290	do ..	Fortnightly collection.
rbymoorside	.. 1,539	do ..	Weekly collection in Kirbymoorside, Nawton, Wombledon, Kirby Mills and Welburn. Monthly in Farndale. Fortnightly elsewhere.
yburn	.. 1,678	Uncontrolled tipping	Weekly collection—Leyburn and Middleham. Fortnightly collection—remainder of area.
ulton	.. 600	Partially controlled	Collection monthly.
asham	.. 659	Controlled tipping	Weekly collection—Masham township. Fortnightly collection—other parts where served.
orthallerton	.. 3,300	Partially controlled	Weekly collection—Ainderby Steeple, Morton-on-Swale, Thrintoft, Brompton and Romanby. Fortnightly collection—other areas. Ashpits emptied at 2 monthly intervals.
ckering	.. 656	Uncontrolled tipping	Fortnightly collection in Thornton Dale, every 3 weeks in other parts.
eth	.. 1,200	Partially controlled	Weekly collection. Farms monthly
chmond	.. 2,030	do ..	Weekly collection
arborough	.. 1,194	Controlled tipping	Fortnightly collection from large communities. Monthly collection from small communities served.
rtforth	.. 3,600	Controlled tipping	Weekly collection.
kesley	.. 9,088	Controlled tipping	Weekly collection.
irsk	.. 8,355	Uncontrolled tipping	Weekly collection from bins and pails. Monthly collection from privy middens and ashpits.
th	.. 712	Controlled tipping	Fortnightly collection.
utby	.. 4,775	Uncontrolled 84% Incineration 16%	Weekly collection in 30 villages. Fortnightly collection in 10 villages. Monthly collection in 10 villages.

NUISANCES.

Despite the considerable improvements in housing, water supplies, sewerage and sewage disposal, the duties of local authorities in the Riding under Part III of the Public Health Act, 1936, relating to the inspection and abatement of nuisances do not appear to decrease ; the highest figures in the following table refer to urban areas in which there is a greater density of population.

As in previous years abatement of nuisances has been largely achieved by informal action, few statutory notices were necessary and no legal proceedings appear to have been taken by any of the local authorities.

A statistical survey of work done by local authorities in the county is given in the following table.

NUISANCE INSPECTIONS (other than Housing inspections).

DISTRICT	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
URBAN							
Eston	1853	1792	873	945	21	35	—
Guisborough ..	312	261	212	22	—	—	—
Loftus	158	49	49	43	—	—	—
Malton	154	51	45	40	—	—	—
Northallerton ..	28	37	28	30	—	—	—
Pickering	55	49	37	37	2	1	—
Redcar Borough† ..	8206	8021	8021	8006	—	—	—
Richmond Borough ..	245	213	195	190	—	—	—
Saltburn & Marske ..	1117	319	85	83	—	—	—
Scalby	150	30	30	30	—	—	—
Scarborough Borough	265	83	81	77	2	2	—
Skelton & Brotton ..	1810	462	462	472	8	8	—
Thornaby Borough ..	994	852	739	597	171	156	—
Whitby	106	85	31	31	1	1	—
RURAL.							
Aysgarth	43	22	10	10	—	—	—
Bedale	44	38	38	30	1	1	—
Croft	14	6	6	6	—	—	—
Easingwold	247	121	104	101	—	—	—
Flaxton	117	109	22	18	5	5	—
Helmsley	57	39	39	36	—	—	—
Kirbymoorside	43	24	—	—	—	—	—
Leyburn	36	11	11	11	—	—	—
Malton	91	27	2	2	—	—	—
Masham	3	3	—	—	—	—	—
Northallerton	289	278	278	275	—	—	—
Pickering	4	4	4	2	—	—	—
Reeth	71	12	12	1	—	—	—
Richmond	61	18	18	16	—	—	—
Scarborough	27	22	22	21	—	—	—
Startforth	128	31	19	18	—	—	—
Stokesley	128	109	63	63	6	6	—
Thirsk	207	68	49	37	2	—	—
Wath	12	7	7	5	2	2	—
Whitby	144	76	—	—	—	—	—
Totals ..	17,219	13,329	11,592	11,255	221	217	—

* These figures include notices pending at the end of 1954.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.

INSPECTION AND SUPERVISION OF FOOD.

This year was notable for the introduction of an Act consolidating existing food and drugs legislation and empowering the making of Regulations regarding food hygiene. The Food and Drugs Act, 1955, was enacted in November and the Food Hygiene Regulations, 1955, were made on the 16th December with operative dates of the 1st January and 1st July, 1956. The full impact of the Food Hygiene Regulations, 1955, will not be felt until the latter half of the year 1956 but the scope of the Regulation is such as to increase considerably the work of county district officers. The main provisions of the Regulations give statutory power for supervision and control of food premises and persons engaged in the handling of food ; briefly they may be summarised as follows :—

Cessation of use of insanitary premises.

Cleanliness of equipment.

Protection of food from contamination.

Personal cleanliness.

Conveyance and wrapping of food.

Notification of food handlers' infections.

Water supplies and drainage to food rooms.

Provision of wash hand basins in food rooms, etc.

Lighting and ventilation of food rooms.

Temperatures at which certain foods must be retained.

Specific requirements regarding stalls and the transport and carrying of meat.

The majority of urban authorities were anticipating the new legislation during the year and in addition to an increase being made in the number of inspections of food premises, advice and lectures were given on food hygiene. In the rural districts generally little activity was reported, but the Kirby-moorside R.D.C. adopted new byelaws relating to the handling and wrapping of food ; hotel kitchens and cafes in the area were regularly inspected. Increased activity in the inspection of food premises in the Helmsley, Pickering and Reeth areas was also observed.

Food poisoning notifications.

Forty cases of food poisoning were notified during the year ; thirty-three cases of typhoid in the Pickering area arising from food contamination are not included in this figure.

Food poisoning and contamination.

The outbreak of typhoid fever due to *Salm. typhi* Vi-phage type E1 in the Pickering—Thornton Dale area in December, 1954, (see report for 1954) continued into January, 1955. Thirty-three persons were affected, twenty-one females and twelve males all between the ages of 14 and 76 ; of these four patients died. Twenty-three cases were considered to be primary, four secondary, and the remainder of indefinite primary or secondary infection. The source, after a very long investigation, was ascribed to canned ox tongue which had been contaminated during cooling by foul river water. At the onset of the outbreak diagnosis was difficult owing to an epidemic of influenza which had been extensively treated by chloram-

phenicol. As soon as the nature of the outbreak became apparent, the District Medical Officer started full investigations and enlisted the aid of the Ministry of Health, The Medical Research Council, the County Health Inspectors, local district nurses, and sanitary inspectors of adjoining areas, all of whom co-operated readily. This investigation exemplified the advantages to be gained by using specialised staff for research, routine enquiries and for sampling, to work as a co-ordinated unit irrespective of local administrative boundaries.

There were no further outbreaks of food poisoning or contamination except for sporadic cases, the majority of which were investigated with inconclusive results.

Food and Drugs Acts.

Sampling under the Food and Drugs Acts, other than Section 8 (milk-borne infectious diseases) and Sections 13, 19, and 20, (Specified Areas) of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, which is carried out by the county health inspectors, is undertaken by the Weights and Measures inspectors and I am indebted to the Chief Inspector (Mr. W. C. Harrison) for the following statistics :—

Total number of samples taken	Number Genuine	Number Adulterated	Number Inferior	False Description
759	735	19	2	3

Type of sample	Samples taken	Number adulterated	Number inferior	False description
Beef Sausages	28	3	—	3
Bread and Butter	16	11	—	—
Dripping	8	1	—	—
Milk	343	1	2	—
Pork Sausages	20	1	—	—
Potted Meat	3	1	—	—
Vinegar	27	1	—	—

MILK SUPPLIES.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953.

Seven pasteurising plants—six Holder type plants and one H.T.S.T. plant—were operating at the beginning of the year. Two Holder type plants ceased production during the year, one in March and one in October ; both these plants had been operating satisfactorily and were serving areas in which there was a need for pasteurised milk. All the plants were inspected regularly and samples of pasteurised milk were taken for phosphatase and methylene blue tests ; the conditions of licensing were well maintained by

the producers and sample failures were comparatively few. As a routine measure samples failing the tests were submitted to biological examination, with negative results. The supervisory and sampling duties have been carried out by the county health inspectors and these are summarised statistically as follows :—

Plant No.	Type	No. of Inspections	No. of samples taken	Phosphatase test		Methylene Blue test		Biological examination	
				Passed	Failed	Passed	Failed	Negative	Positive
1	Holder	9	18	18	—	18	—	—	—
2	do	48	96	94	2	91	1	2	—
3	do	41	84	83	1	83	—	1	—
4	do	44	49	49	—	43	—	—	—
5	do	22	70	66	4	59	—	3	—
6	do	51	76	76	—	63	—	—	—
7	H.T.S.T.	48	98	97	1	98	—	1	—
TOTALS ..		263	491	483	8	455	1	7	—

In order to safeguard the consumer from the effects of post-pasteurisation contamination of milk due to inadequate cleansing of bottles, specimen bottles in groups of six have been taken regularly from each plant for rinse tests. There has been a marked improvement during the year in the standard of bottle cleanliness, the percentage of failures being 10·937% as compared with 24·01% in 1954, 28·1% in 1953 and 31·7% in 1952 ; owing to human and mechanical fallibility, one cannot expect to eradicate failures completely but the progressive reduction in recent years indicates that failures can and should be the exception rather than the rule. The results of rinse tests from bottles taken from six dairies are given below :—

Dairy		Method of bottle cleansing	No. of bottles taken	Satisfactory	Unsatisfactory
No. 1	..	Machine ..	78	72	6
No. 2	..	do ..	48	42	6
No. 3	..	do ..	66	60	6
No. 4	..	do ..	60	42	18
No. 5	..	do ..	72	72	—
No. 6	..	do ..	60*	48	6
Totals ..		..	384	336	42

* One group of six bottles not tested.

Dr. D. J. H. Payne, Director of the Northallerton Public Health Laboratory has again carried out the testing of milk samples and bottle rinse tests and one is grateful for his co-operation and interest in this aspect of the work.

**Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.
Milk (Special Designation) (Specified Areas) Order, 1954.**

In the Borough of Redcar and Thornaby, the urban districts of Eston, Guisborough, Loftus, Saltburn and Marske-by-the-Sea and Skelton and Brotton, the sale of milk for human consumption is restricted to special designated milk, these districts having been declared a Specified Area under the above legislation. The permissible grades of milk are sterilised, pasteurised and tuberculin tested. It is the duty of the County Council as Food and Drugs Authority to ensure that there are no contraventions of the Order ; for this purpose sampling of milk offered for human consumption is carried out by the county health inspectors within the area ; the results of this sampling during the year under review is given in the following table :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Turbidity test		Tubercle bacilli		Brucella abortus	
		Pass	Fail	Pass	Fail	Pass	Fail	Neg.	Pos.	Neg.	Pos.
Pasteurised	225	192	4	221	4	—	—	4	—	4	—
Sterilised	120	—	—	—	—	120	—	—	—	—	—
Tuberculin Tested	34	22	3	—	—	—	—	20	—	16	1

The four samples of pasteurised milk which failed the phosphatase and methylene blue tests were taken from milk produced outside the administrative Riding.

**Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.
Section 8—Milk-borne Infectious Disease.**

The specification of areas for the sale of designated milk and the creation of attestation areas should contribute to the elimination of tuberculosis of bovine origin in human beings but will not affect the risk of infection from brucella abortus which is the causative agent of undulant fever. Whilst the main emphasis has been on sampling milk produced by non-designated producer-retailers, raw tuberculin tested milk retailed in specified areas has continued to receive attention. Some limitation on sampling has again been imposed by shortage of covies but it has been possible to increase the number of samples taken over that in previous years ; the details are as follows:—

No. taken	Tubercle bacilli		Brucella abortus		No. of samples not examined
	Negative	Positive	Negative	Positive	
468	449	4	410	15	15

Details of samples which showed the presence of tuberculosis and/or brucella abortus on biological examination were given to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; prompt action was taken in respect of animals responsible for infection of milk by tubercle bacilli, these being slaughtered under the Tuberculosis Order, 1938, but unfortunately action in respect of brucella abortus infection has been limited to the giving of advice by the Divisional Veterinary Officer on the use of prophylactic vaccine. District Medical Officers have been notified in all cases of milk infection so that action could be taken under the Milk and Dairies Regulations, 1949, Part VII Regulation 20, where necessary.

Sampling at Hospital Dairy Farms.

At the request of the Ministry of Health, milk produced at hospital farms was sampled in accordance with their scheduled requirements ; 27 samples were taken from Clifton Hospital farm and Fairfield Sanatorium farm. Two samples failed the methylene blue reduction test ; on biological examination no tubercle bacilli or Br. abortus was found.

Milk supplies to Children's Homes and Nurseries.

Pasteurised milk supplied to Children's Committees homes and residential nurseries was sampled at regular intervals throughout the year ; 37 samples were taken with the following results :—

Phosphatase test	..	34 passed	3 failed.
Methylene blue test	..	31 passed	1 failed.

Five samples were not submitted to the methylene blue test owing to atmospheric shade temperature in excess of 65°F.

School Milk Supplies.

Arising from the introduction of a system of tendering for school milk supplies, some lowering of the health safety factor has resulted ; this is reflected in a reduction in the number of schools supplied with pasteurised milk and an increase in the supply of non-designated milk and dried milk.

The grades of milk supplied to maintained schools over a five year period are given in the following table for comparison :—

	1951	1952	1953	1954	1955
No. of schools supplied with :					
Pasteurised milk ..	247	264	292	311	294
Tuberculin Tested milk ..	83	64	57	42	43
Accredited milk ..	1	1	1	—	—
Non-designated milk ..	33	38	25	19	25
Dried milk ..	7	8	5	8	19
No supply ..	3	1	—	—	—

In order to ensure and where possible improve the "safety" factor of school milk supplies samples are taken by the county health inspectors at schools in accordance with the frequency schedule approved by the Health Committee in May, 1950 ; this was as follows :—

Grade of Milk	Frequency of Sampling	Frequency of Testing		
		Phosphatase	Methylene Blue	Biological
Tuberculin Tested ..	Six-monthly	—	—	Six-monthly
Pasteurised	quarterly	quarterly	quarterly	as required
Non-Designated ..	quarterly	—	—	quarterly

During the year, 1,212 visits were made to schools and 1,167 samples were taken ; the results of phosphatase tests, methylene blue tests and biological examinations were as follows :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Brucella abortus	
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	Neg.	Pos.
Pasteurised ..	1012	867	25	991	16	12	—	11	1
Tuberculin Tested	80	13	6	—	—	69	—	63	5
Non-designated	75	1	—	—	—	73	2	71	3

Discrepancies between the number of samples taken and tested, are accounted for by failure to test owing to atmospheric shade temperature in excess of 65°F. ; souring of milk ; and/or death of cavies from intercurrent infection prior to completion of biological examination. Twelve of the samples failing the phosphatase test for pasteurised milk were taken from supplies heat-treated outside the Ridings. The need to refer investigation of these failures to the authorities concerned, results in unavoidable delay at a time when speed is essential if maximum safety is to be obtained ; whilst co-operation by adjoining authorities has been prompt there are obvious advantages when supplies are obtained from producers licensed by the County Council and supervised by their officers.

With reference to the adverse effect on the health safety factor due to the increased use of non-designated milk for school milk supplies it is significant that the only positive results for the presence of tubercle bacilli were obtained from two samples of this grade of milk. In both cases details were given to the Divisional Veterinary Officer and the District Medical Officer. Animals responsible for the infection were found and slaughtered under the Tuberculosis Order, 1938 ; pending this action an alternative source of supply was obtained for one school and milk was heat treated prior to consumption at the other school.

There was an increase in the number of school milk samples showing the presence of *brucella abortus* ; eight positive results were obtained from raw milk and one from " pasteurised " milk which had failed the phosphatase test. In view of the need for speedy resumption of school milk supplies in areas where no alternative sources were available, the action of the Animal Health Division, of the Ministry of Agriculture and Fisheries in limiting their activities to the giving of advice in respect of this infection presented difficulties ; in consequence the practise of taking quarter samples from individual animals was resumed in these cases. 68 samples were taken by the county health inspectors for Ring and Whey Agglutination tests ; after isolation of the animal(s) indicated as the probable source of infection, subsequent bulk samples from the herd were satisfactory. Of course there are difficulties arising from recurrent infectivity but the action taken was considered to have been of material value.

TABLE 1.

Number of Births in each District during 1955.

DISTRICT.	Estimated mid-year home population 1955.	Total live births.	Illegiti- mate live births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston ..	34,200	712	31	20.8	403	11.8
2. Guisborough ..	9,330	177	3	19.0	43	4.6
3. Loftus ..	7,700	136	8	17.7	21	2.7
4. Malton ..	4,130	61	1	14.8	9	2.2
5. Northallerton ..	6,080	115	4	18.9	27	4.4
6. Pickering ..	4,170	65	5	15.6	3	.7
7. Redcar ..	27,880	469	20	16.8	154	5.5
8. Richmond ..	5,870	110	3	18.7	58	9.9
9. Saltburn and Marske	8,870	158	6	17.8	52	5.9
10. Scalby ..	6,320	60	4	9.5	—33	..
11. Scarborough ..	44,060	539	54	12.2	—109	..
12. Skelton and Brotton	12,790	198	9	15.5	62	4.8
13. Thornaby-on-Tees	23,820	478	23	20.1	262	11.0
14. Whitby ..	11,480	190	5	16.6	—8	..
Total Urban ..	206,700	3,468	176	16.8	944	4.6
B.—RURAL						
1. Aysgarth ..	3,430	63	1	18.4	7	2.0
2. Bedale ..	8,130	119	1	14.6	54	6.6
3. Croft ..	2,400	28	1	11.7	7	2.9
4. Easingwold ..	12,690	183	7	14.4	49	3.9
5. Flaxton ..	20,850	303	7	14.5	56	2.7
6. Helmsley ..	5,400	60	1	11.1	15	2.8
7. Kirbymoorside ..	4,850	56	1	11.5	4	.8
8. Leyburn ..	6,430	100	4	15.6	25	3.9
9. Malton ..	5,580	63	4	11.3	1	.2
10. Masham ..	1,650	15	..	9.1	—2	..
11. Northallerton ..	8,520	140	6	16.4	42	4.9
12. Pickering ..	5,120	67	6	13.1	10	2.0
13. Reeth ..	2,000	26	..	13.0	—8	..
14. Richmond ..	29,620	462	12	15.6	281	9.5
15. Scarborough ..	7,630	100	3	13.1	—1	..
16. Startforth ..	5,070	61	1	12.0	—3	..
17. Stokesley ..	18,170	267	12	14.7	65	3.6
18. Thirsk ..	14,380	216	7	15.0	73	5.1
19. Wath ..	3,520	68	4	19.3	38	10.8
20. Whitby ..	11,860	123	5	10.4	—42	..
Total Rural ..	177,300	2,520	83	14.2	671	3.8
Administrative County	384,000	5,988	259	15.6	1,615	4.2
Totals for 1954 ..	381,500	6,090	266	16.0	1,718	4.5

TABLE No. 2.

Number of Deaths in each District during 1955.

DISTRICT.	Estimated mid-year home population, 1955	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	34,200	309	9.0	23	32.3	..	..
2. Guisborough ..	9,330	134	14.4	4	22.6	..	..
3. Loftus ..	7,700	115	14.9	4	29.4	..	..
4. Malton ..	4,130	52	12.6	1	16.4	..	..
5. Northallerton ..	6,080	88	14.5	4	34.8	..	..
6. Pickering ..	4,170	62	14.9	..	..	..	..
7. Redcar ..	27,880	315	11.3	9	19.2	1	50.0
8. Richmond ..	5,870	52	8.9	2	18.2	..	..
9. Saltburn and Marske ..	8,870	106	12.0	3	19.0	..	..
10. Scalby ..	6,320	93	14.7	..	..	..	..
11. Scarborough ..	44,060	648	14.7	15	27.8	1	18.5
12. Skelton and Brotton ..	12,790	136	10.6	11	55.6	..	..
13. Thornaby-on-Tees ..	23,820	216	9.1	15	31.4	..	..
14. Whitby ..	11,480	198	17.2	6	31.6	..	..
Total Urban ..	206,700	2,524	12.2	97	28.0	2	11.4
B.—RURAL							
1. Aysgarth ..	3,430	56	16.3	2	31.7	..	..
2. Bedale ..	8,130	65	8.0	2	16.8	..	..
3. Croft ..	2,400	21	8.8	1	35.7	..	..
4. Easingwold ..	12,690	134	10.6	7	38.3	..	..
5. Flaxton ..	20,850	247	11.8	7	23.1	..	..
6. Helmsley ..	5,400	45	8.3	1	16.7	..	..
7. Kirbymoorside ..	4,850	52	10.7	..	..	..	..
8. Leyburn ..	6,430	75	11.7	1	10.0	..	..
9. Malton ..	5,580	62	11.1	2	31.7	..	..
10. Masham ..	1,650	17	10.2	1	66.7	..	..
11. Northallerton ..	8,520	98	11.5	5	35.7	..	..
12. Pickering ..	5,120	57	11.1	..	..	..	..
13. Reeth ..	2,000	34	17.0	2	76.9	..	..
14. Richmond ..	29,620	181	6.1	9	19.5	..	..
15. Scarborough ..	7,630	101	13.2	1	10.0	..	..
16. Startforth ..	5,070	64	12.6	5	82.0	..	..
17. Stokesley ..	18,170	202	11.1	7	26.2	1	83.3
18. Thirsk ..	14,380	143	9.9	11	50.9	..	..
19. Wath ..	3,520	30	8.5	2	29.4	..	..
20. Whitby ..	11,860	165	13.9	3	24.4	..	..
Total Rural ..	177,300	1,849	10.4	69	27.4	1	12.0
Administrative County ..	384,000	4,373	11.4	166	27.7	3	11.6
Totals for 1954 ..	381,500	4,372	11.5	168	27.6	12	45.1

TABLE 3.

Deaths according to Age-Groups, 1955.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS							
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	
ALL CAUSES	M	1277	54	16	6	12	62	337	365	425	979	36	5	12	26	45	201	263	
	F	1247	43	7	9	6	51	197	314	620	870	33	6	6	5	29	133	238	
1 Tuberculosis, respiratory	M	11	..	..	..	..	2	6	3	..	7	..	..	..	..	3	3	..
	F	12	..	..	1	1	4	4	2	..	5	..	..	..	1	..	1	..
2 Tuberculosis, other	M	4	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..
	F	3	..	..	1	..	1	..	1	..	1	..	..	..	..	1	..	..
3 Syphilitic disease	M	2	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
4 Diphtheria	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping cough	M	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
6 Meningococcal infections	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7 Acute poliomyelitis	M	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8 Measles	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..
9 Other infective and parasitic diseases	M	3	1	1	..	..	..	1	..	..	2	..	..	..	1	..	..	..
	F	3	..	..	..	..	1	1	..	1	3	..	..	..	..	..	2	..
10 Malignant neoplasm, stomach	M	48	..	..	..	..	4	19	12	13	25	..	..	..	..	1	6	11
	F	27	..	..	..	..	2	4	13	8	25	..	..	..	..	1	1	11
11 Malignant neoplasm lung, bronchus	M	67	..	..	..	..	5	42	13	7	31	..	..	..	..	1	21	..
	F	8	..	..	..	..	..	4	3	1	4	..	..	..	..	..	1	..
12 Malignant neoplasm breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	29	..	..	..	..	2	13	4	10	28	..	..	..	..	3	16	..
13 Malignant neoplasm uterus	F	21	..	..	..	..	2	8	7	4	9	..	..	..	..	1	3	..
14 Other malignant and lymphatic neoplasms	M	114	..	1	1	2	3	39	34	34	88	..	..	1	..	3	21	25
	F	115	..	1	..	..	5	37	36	36	64	..	..	..	..	4	20	21
15 Leukaemia, aleukaemia	M	1	..	..	..	..	..	..	..	1	7	..	..	1	..	..	2	..
	F	5	..	1	..	2	..	..	1	1	7	..	1	..	..	2	3	..
16 Diabetes	M	5	..	1	..	..	..	1	1	2	3	..	..	..	..	..	..	..
	F	6	..	..	..	..	1	2	2	1	7	..	..	..	..	..	2	..
17 Vascular lesions of nervous system	M	143	..	..	..	..	2	29	47	65	134	..	..	..	..	1	18	37
	F	241	..	..	1	..	3	34	76	127	157	..	..	..	..	2	24	74
18 Coronary disease, angina	M	262	..	..	..	..	10	80	106	66	173	..	..	..	1	2	58	65
	F	133	..	..	..	..	1	23	38	71	96	..	..	..	..	..	18	34
19 Hypertension with heart disease	M	19	..	..	..	..	..	5	9	5	22	..	..	..	..	..	6	10
	F	36	..	..	..	..	1	6	16	13	17	..	..	..	..	..	..	1
20 Other heart disease	M	217	..	..	..	1	3	28	59	126	175	..	..	..	1	3	12	16
	F	305	..	..	..	..	5	15	57	228	215	..	..	..	2	4	13	48
21 Other circulatory disease	M	51	..	..	..	..	1	8	15	27	37	..	..	..	..	1	4	24
	F	38	..	..	..	..	..	6	11	21	38	..	..	..	..	..	4	24
22 Influenza	M	2	..	..	..	..	..	..	2	..	3	..	..	..	..	..	1	..
	F	7	..	..	..	..	..	2	3	2	5	..	..	..	..	..	1	..
23 Pneumonia	M	37	10	3	..	..	..	6	9	9	20	5	..	..	..	1	4	..
	F	41	5	4	2	..	1	3	6	20	23	4	..	..	1	..	3	..
24 Bronchitis	M	55	..	..	..	..	2	15	21	17	28	1	..	..	1	1	5	11
	F	36	1	..	..	..	1	6	12	16	32	1	..	..	..	1	5	29
25 Other diseases of respiratory system	M	13	..	1	..	..	..	7	2	3	8	1	..	..	1	..	3	..
	F	13	1	..	..	1	3	4	1	3	5	1	..	..	..	1	2	..
26 Ulcer of stomach and duodenum	M	16	..	..	..	..	1	7	5	3	10	..	..	..	..	..	3	..
	F	6	..	..	..	..	1	2	3	..	4	..	..	..	..	..	..	..
27 Gastritis, enteritis and diarrhoea	M	6	1	1	..	..	..	1	2	1	8	1	..	..	1	..	1	..
	F	3	1	1	..	..	..	..	..	1	2	..	..	..	..	..	..	..

Table 3--continued.

[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1955.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Other Tuberculosis		Other circulatory disease.		Vascular lesions
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.
A.—URBAN													
1. Eston ..	59	1.73	87	2.54	37	1.08	4	.12	2	.06	24	.70	35
2. Guisborough ..	14	1.50	45	4.82	14	1.50	..	..	2	.21	2	.21	33
3. Loftus ..	22	2.86	48	6.23	10	1.30	..	..	..	..	..	..	18
4. Malton ..	10	2.42	19	4.60	1	.24	1	.24	..	..	3	.73	7
5. Northallerton ..	14	2.30	38	6.25	7	1.15	..	..	..	..	5	.82	10
6. Pickering ..	10	2.40	23	5.52	5	1.20	2	.48	..	..	2	.48	13
7. Redcar ..	58	2.10	111	3.98	21	.75	3	.11	..	..	18	.65	46
8. Richmond ..	16	2.73	16	2.73	5	.85	1	.17	..	..	..	..	7
9. Saltburn and Marske ..	19	2.14	38	4.28	3	.34	..	..	..	..	4	.45	26
10. Scalby ..	15	2.37	44	6.96	3	.47	..	..	..	..	2	.32	10
11. Scarborough ..	104	2.36	319	7.24	41	.93	3	.07	2	.05	13	.30	83
12. Skelton & Brotton ..	20	1.56	47	3.67	9	.70	..	..	..	..	7	.55	21
13. Thornaby-on-Tees ..	39	1.64	60	2.52	29	1.23	7	.29	1	.04	7	.29	27
14. Whitby ..	35	3.05	77	6.71	10	.87	2	.17	..	..	2	.17	48
Total Urban ..	435	2.10	972	4.70	195	.94	23	.11	7	.03	89	.43	384
B.—RURAL.													
1. Aysgarth ..	11	3.21	17	4.96	4	1.17	..	..	..	..	2	.58	12
2. Bedale ..	15	1.85	21	2.58	2	.25	..	..	..	..	3	.37	10
3. Croft ..	4	1.67	7	2.92	..	..	..	..	..	..	2	.83	4
4. Easingwold ..	26	2.05	47	3.70	9	.71	..	..	..	..	1	.08	18
5. Flaxton ..	30	1.44	125	6.00	20	.96	5	.24	..	..	8	.38	25
6. Helmsley ..	7	1.30	20	3.70	1	.19	..	..	..	..	..	..	10
7. Kirbymoorside ..	4	.82	20	4.12	2	.41	1	.21	..	..	5	1.03	16
8. Leyburn ..	19	2.95	28	4.35	5	.78	1	.16	..	..	1	.16	11
9. Malton ..	12	2.15	22	3.94	2	.36	..	..	..	..	1	.18	11
10. Masham ..	1	.61	8	4.85	1	.61	..	..	..	..	..	..	4
11. Northallerton ..	13	1.53	35	4.11	7	.82	..	..	..	..	13	1.53	13
12. Pickering ..	8	1.56	22	4.30	4	.78	..	..	..	..	3	.59	8
13. Reeth ..	3	1.50	12	6.00	3	1.50	..	..	..	..	..	..	9
14. Richmond ..	35	1.18	48	1.62	13	.44	1	.03	1	.03	8	.27	24
15. Scarborough ..	19	2.49	47	6.16	2	.26	..	..	..	..	7	.92	13
16. Startforth ..	9	1.78	28	5.52	1	.20	1	.20	..	..	2	.39	15
17. Stokesley ..	26	1.43	73	4.02	9	.50	1	.06	..	..	12	.66	29
18. Thirsk ..	20	1.39	49	3.41	13	.90	1	.07	..	..	4	.28	25
19. Wath ..	2	.57	7	1.99	3	.85	..	..	..	..	1	.28	4
20. Whitby ..	24	2.02	62	5.23	15	1.26	1	.08	..	..	2	.17	30
Total Rural ..	288	1.62	698	3.94	116	.65	12	.07	1	.006	75	.42	291
Administrative County ..	723	1.88	1670	4.35	311	.81	35	.09	8	.02	164	.43	675

TABLE 5.

Number of Deaths from certain Diseases in each District during 1955.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																
1. Eston	20	4	500.0	.12	4	2	200.0	.06	24	6	400.0	.18	1	.03	21	.61
2. Guisborough	5	..	..	..	1	2	50.0	.21	6	2	300.0	.21	..	..	12	1.29
3. Loftus	2	..	..	..	..	..	..	..	2	..	..	..	..	..	4	.43
4. Malton .. ..	..	1	..	.24	..	..	..	..	..	1	..	.24	..	..	1	.24
5. Northallerton	3	..	..	..	1	..	..	..	4	..	..	..	1	.16	5	.82
6. Pickering	1	2	50.0	.48	1	..	..	..	2	2	100.0	.48	..	..	2	.48
7. Redcar	27	3	900.0	.11	1	..	..	..	28	3	933.3	.11	1	.04	14	.50
8. Richmond	3	1	300.0	.17	1	..	..	..	4	1	400.0	.17	..	..	1	.17
9. Saltburn and Marske	2	..	..	..	..	..	..	..	2	..	..	..	..	..	2	.23
10. Scalby	2	..	..	..	..	..	..	..	2	..	..	..	2	.32	1	.16
11. Scarborough	24	3	800.0	.07	3	2	150.0	.05	27	5	540.0	.11	2	.05	27	.61
12. Skelton and Brotton	4	..	..	..	..	1	..	.04	4	..	..	..	2	.16	6	.47
13. Thornaby-on-Tees	17	7	242.9	.29	..	..	..	..	17	8	212.5	.34	..	..	14	.59
14. Whitby	3	2	150.0	.17	2	..	..	..	5	2	250.0	.17	..	..	7	.61
Total Urban	113	23	419.3	.11	14	7	200.0	.03	127	30	423.3	.14	9	.04	117	.57
B.—RURAL.																
1. Aysgarth	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	.29
2. Bedale	1	..	..	..	..	..	..	..	1	..	..	..	..	..	2	.25
3. Croft .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold	3	..	..	..	1	..	..	..	4	..	..	..	..	..	7	.55
5. Flaxton	11	5	220.0	.24	5	..	..	..	16	5	320.0	.24	1	.05	14	.67
6. Helmsley	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
7. Kirbymoorside .. ..	..	1	..	.21	..	..	..	..	..	1	..	.21	..	..	1	.21
8. Leyburn	3	1	300.0	.16	..	..	..	..	3	1	300.0	.16	..	..	2	.31
9. Malton	1	..	..	..	..	..	..	..	1	..	..	..	..	..	2	.36
10. Masham	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	.61
11. Northallerton	1	..	..	..	..	..	..	..	1	..	..	..	..	..	4	.47
12. Pickering .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	.39	4	.78
13. Reeth	1	..	..	..	1	..	..	..	2	..	..	..	..	..	1	.50
14. Richmond	13	1	1300.0	.03	1	1	100.0	.03	14	2	700.0	.07	..	..	8	.27
15. Scarborough .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	.26
16. Startforth .. ..	..	1	..	.20	..	..	..	..	..	1	..	.20	..	..	..	..
17. Stokesley	8	1	800.0	.06	1	..	..	..	9	1	900.0	.06	3	.17	6	.33
18. Thirsk	4	1	400.0	.07	..	..	..	..	4	1	400.0	.07	..	..	5	.35
19. Wath	1	..	..	..	..	..	..	..	1	..	..	..	1	.28	2	.57
20. Whitby	5	1	500.0	.08	1	..	..	..	6	1	600.0	.08	1	.08	11	.93
Total Rural	56	12	466.7	.07	10	1	1000.0	.006	66	13	507.7	.07	8	.05	73	.41
Administrative County	169	35	482.9	.09	24	8	300.0	.02	193	43	448.8	.11	17	.04	190	.49

TABLE 6.

Number of Deaths from certain Diseases in each District during 1955

DISTRICT	Pregnancy, childbirth, abortion.		Congenital malformations.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN				
1. Eston	3	4.21
2. Guisborough	2	11.30
3. Loftus
4. Malton
5. Northallerton
6. Pickering	1	15.38	..	..
7. Redcar	1	2.13	4	8.53
8. Richmond
9. Saltburn and Marske
10. Scalby
11. Scarborough	6	11.13
12. Skelton and Brotton	1	5.05
13. Thornaby-on-Tees	3	6.28
14. Whitby
Total Urban ..	2	.58	19	5.48
B.—RURAL.				
1. Aysgarth
2. Bedale	1	8.40
3. Croft
4. Easingwold	2	10.93
5. Flaxton	1	3.30
6. Helmsley
7. Kirbymoorside
8. Leyburn
9. Malton	2	31.75	1	15.87
10. Masham
11. Northallerton	2	14.29
12. Pickering	1	14.93
13. Reeth
14. Richmond	5	10.82
15. Scarborough	2	20.00
16. Startforth	1	16.39
17. Stokesley	1	3.75	..	..
18. Thirsk	2	9.26
19. Wath
20. Whitby	1	8.13
Total Rural ..	3	1.19	19	7.54
Administrative County ..	5	.84	38	6.35

TABLE 7.

Notification of Infectious Disease in 1955, as given in the weekly returns rendered by Medical Officers of Health.

DISTRICT.	Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Acute Pneumonia.	Cholera.	Plague.	Meningococcal Infection.	Acute poliomyelitis.		Acute encephalitis.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles (excluding Rubella)	Whooping cough.	Puerperal pyrexia.	Tuberculosis			
									Paralytic	Non-paralytic												Respiratory	Meninges & C.N.S.	Other	
U—URBAN.																									
Don	..	22	..	..	8	..	..	3	3	1	..	6	35	1	3	..	..	..	20	9	1	20	..	4
Disborough	..	1	..	..	5	..	..	..	..	..	..	..	3	..	1	..	..	..	144	2	..	5	..	1
Effus	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	..	..	2	..	..
Elton	4	..	..	..	..	..
Northallerton	1	1	..	..	..	..	1	..	1	..	..	..	..	..	..	103	3	3	3	..	1	
Wethering	25	..	..	..	..	1	..	..	..	..	..	..	..	..	..	13	11	..	1	..	1	
Widcar	..	17	..	..	19	..	..	..	..	..	..	2	2	..	..	..	..	..	108	160	1	27	1	..
Whimond	..	1	..	..	..	..	..	..	..	1	..	3	4	..	1	..	..	..	109	6	1	3	..	1
Widburn & Marske	..	6	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	33	6	4	2	..	..
Widby	..	2	..	..	3	..	..	..	1	..	..	..	..	..	..	1	..	..	162	5	..	2	..	..
Widborough	..	22	..	3	23	..	..	2	2	2	..	3	1	2	6	..	..	..	845	25	7	24	2	1
Widton & Brotton	..	1	..	..	31	..	..	..	..	..	..	2	..	..	..	..	..	..	166	2	..	4	..	..
Widnaby-on-Tees	..	4	..	..	19	..	..	1	..	1	..	..	16	..	10	..	..	..	279	60	1	17	..	..
Widby	..	4	..	..	3	..	..	2	2	..	..	..	11	..	..	..	..	..	17	6	3	3	..	2
Total Urban	..	81	..	29	112	..	..	8	10	6	..	17	72	3	21	..	1	..	2019	295	21	113	3	11
1954	..	214	5	7	114	..	..	5	8	3	..	29	17	1	31	..	3	8	897	380	16	119	6	10
R—RURAL.																									
Widgarth	5	..	..	..	..	..	..	..	..	..	2	..	..	..	26	43	..	1	..	..
Widale	..	5	..	..	32	..	..	..	..	1	..	..	..	..	5	..	..	..	206	8	..	1	..	..
Widft	..	2	..	..	..	..	..	..	..	..	..	..	11	..	..	..	..	..	22	5	..	..	..	..
Widwold	..	1	..	..	8	..	..	..	1	..	1	..	..	..	..	1	..	..	136	4	..	3	..	1
Widoxton	..	34	..	..	3	..	..	1	2	..	..	11	8	1	3	..	..	..	266	6	..	11	..	5
Widmsley	..	1	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	86	..	..	2	..	..
Widbymoorside	142	18	..	..	..	..
Widbyburn	..	2	..	..	7	..	..	..	..	..	..	2	..	..	..	..	..	..	192	22	2	3	..	..
Widton	1	..	..	..	..	..	..	1	..	..	..	..	..	..	25	3	..	1	..	..
Widsham	2	..	..	1	..	..
Widthallerton	4	2	..	..	..	..	..	116	9	..	1	..	..
Widwethering	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	37	10	..	..	..	..
Widweth	5	..	..	..	..	..	..	..	..	..	..	..	..	..	23	3	..	1	..	1	
Whimond	..	14	..	1	31	..	..	1	2	1	..	4	36	..	1	..	1	20	243	25	..	13	..	1
Widborough	..	1	..	..	10	..	..	..	1	2	..	1	..	..	..	..	..	..	78	..	..	..	..	..
Widforth	..	1	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	21	3	..	..	..	..
Widkesley	..	8	..	..	35	..	..	2	..	1	..	..	2	..	6	..	..	16	243	19	3	8	..	1
Widwsk	..	3	..	..	4	..	..	..	1	..	..	..	..	..	2	..	..	..	104	7	..	4	..	..
Widwth	1	..	..	..	..	..	..	..	..	..	..	..	..	..	22	1	..	1	..	..
Widby	..	2	..	..	5	..	..	..	..	..	..	..	2	..	..	..	..	..	58	..	..	5	..	1
Total Rural	..	74	..	2	150	..	..	4	8	5	2	23	62	1	21	..	2	36	2048	186	5	56	..	10
1954	..	112	..	1	124	8	10	6	1	1	13	19	..	19	..	22	178	309	241	7	83	..	15
Administrative County																									
1954	..	326	5	8	238	13	18	9	1	1	42	36	1	50	..	25	186	1206	621	23	202	6	25

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1955.

DISTRICT.	Diph- theria.		Measles.		Whooping cough.		Pneu- monia	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths	Death-rate per 1,000 population.
A.—URBAN.								
1. Eston	16	·47
2. Guisborough	2	·21
3. Loftus	6	·78
4. Malton
5. Northallerton	2	·33
6. Pickering	3	·72
7. Redcar	7	·25
8. Richmond	4	·68
9. Saltburn and Marske	1	·11
10. Scalby	2	·32
11. Scarborough	14	·32
12. Skelton and Brotton	3	·23
13. Thornaby-on-Tees	15	·63
14. Whitby	3	·26
Total Urban	78	·38
B.—RURAL.								
1. Aysgarth	3	·87
2. Bedale
3. Croft
4. Easingwold	2	·16
5. Flaxton	6	·29
6. Helmsley	1	·19
7. Kirbymoorside	1	·21	..	..	1	·21
8. Leyburn	3	·47
9. Malton
10. Masham
11. Northallerton	3	·35
12. Pickering
13. Reeth	2	1·00
14. Richmond	1	·03	5	·17
15. Scarborough
16. Startforth	1	·20	1	·20
17. Stokesley	3	·17
18. Thirsk	8	·56
19. Wath	1	·28
20. Whitby	4	·34
Total Rural	1	·006	2	·01	43	·24
Administrative County	1	·003	2	·005	121	·32

TABLE 9.—DEATHS, with their causes, in each District during 1955.

[illegible]

